

NATIONAL SURVEY ON DRUG USE AND HEALTH

2014 AND 2015 REDESIGN CHANGES

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Center for Behavioral Health Statistics and Quality
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1. Introduction

The National Survey on Drug Use and Health (NSDUH) is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older. Data from NSDUH provide information on illicit drug use, alcohol and tobacco use, substance use disorder, substance use treatment, mental health issues, mental health service use, and co-occurring substance use disorders and mental health issues.

This report describes changes in the 2014 and 2015 NSDUHs that were designed to increase the efficiency of data collection and processing and to improve the quality of the data collected. In 2014, changes were made in the sample sizes allocated to each state and to different age groups in order to increase the precision of national and many state estimates as well as estimates for older adults. In 2015, changes were made to the survey questionnaire to improve the quality of the data collected, expand the number of prescription drugs covered, and address changing substance use and mental health policy and research needs. New data collection equipment was introduced in 2015 to replace the older equipment in the field. Respondent materials also were updated. This report provides information on the key changes made as well as some of the potential implications for data users. Highlights of these changes include the following:

- The Substance Abuse and Mental Health Services Administration (SAMHSA) made changes to the 2014 and 2015 NSDUHs to increase the efficiency of data collection and processing and to improve the quality of the data collected.
- In 2014, the changes to NSDUH primarily focused on revising the sample design, such as modifying the distribution of the sample across the 50 states and the District of Columbia and reducing the oversampling of youths and young adults.
- The 2014 changes to the sample design are expected to result in more precise national estimates overall as well as more precise estimates for older adults.
- In 2015, SAMHSA implemented changes to the NSDUH data collection equipment, respondent materials, and survey questionnaire, including revisions to existing measures (e.g., prescription drugs, methamphetamine, hallucinogens, inhalants, and binge alcohol) and the addition of new questions (e.g., sexual orientation and attraction, disability status, and identification of active duty family members).
- The 2015 changes are expected to improve the quality of data, and the questionnaire revisions will address SAMHSA's substance use and mental health policy and research needs.

2. Overview of NSDUH Sampling and Data Collection Procedures

Despite the changes in 2014 and 2015, the survey will continue to use the same basic procedures for identifying individuals to be interviewed (sampling) and for completing surveys with these individuals (data collection). For example, data will continue to be collected in all 50 states and the District of Columbia. NSDUH uses a multistage area probability design, meaning that larger geographic areas are broken down into sequentially smaller areas before selecting specific households to contact regarding participation in the survey.

Once a housing unit has been sampled, an introductory letter is sent, followed by a visit from an interviewer. When contacting a household, the interviewer asks to speak with a resident of the household who is aged 18 or older to serve as the screening respondent. The interviewer uses a handheld computer to complete a short (about 5 minutes) screening interview that involves listing all household members along with their basic demographic information. The computer uses the demographic data in a preprogrammed selection algorithm to select zero, one, or two individuals for the interview, depending on the composition of the household. Youths aged 12 to 17 and young adults aged 18 to 25 are oversampled when compared with their relative proportion in the population in order to produce more precise estimates for those age categories.

Immediately after completion of the screener, interviewers attempt to conduct the NSDUH interview with each selected person in the household. The interviewer requests that the respondent identify a private area in the home to conduct the interview away from other household members. The interview averages about an hour. NSDUH collects data using audio computer-assisted self-interviewing (ACASI), in which respondents read or listen to the questions on headphones and then enter their answers directly on the NSDUH laptop computer. ACASI is designed to encourage accurate reporting of information by providing respondents with a highly private and confidential mode for responding to questions about illicit drug use, mental health, and other sensitive behaviors. NSDUH also uses computer-assisted personal interviewing (CAPI), in which interviewers read less sensitive questions to respondents and enter the respondents' answers on the laptop. The NSDUH interview can be completed in English or Spanish, and both versions have the same content.

3. 2014 NSDUH Sample Redesign

The survey continues to use the same basic sampling procedures described above. However, in 2014, the NSDUH sample was redesigned. The primary purpose of the redesign was to redistribute the sample sizes by state and by age group. The sample design implemented in 2014 will continue to be used in 2015 and future survey years. This report provides an overview of these sample design changes and their potential implications.

3.1 Sample Size, by State

From 1999 to 2013, the 50 states and the District of Columbia were categorized into two groups: "large" states and "small" states, based on the size of their population. The target sample size for the 8 large states (California, Florida, New York, Texas, Illinois, Michigan, Ohio, and Pennsylvania) was 3,600 completed interviews, whereas the target sample for the remaining 42 states and the District of Columbia was 900 completed interviews.

Starting in 2014, the sample design was altered so that sample size in each state was more proportional to the state population. [Table 1](#) presents the changes in sample distribution across the 50 states and the District of Columbia before and after the sample redesign.

Table 1. Target Annual Number of Completed Interviews, by State: 1999–2013, Compared with 2014 and Beyond

| States | Target Number of Interviews: 1999–2013 | Target Number of Interviews: 2014 and Beyond |
|---|--|--|
| California | 3,600 | 4,560 |
| Florida, New York, and Texas | 3,600 | 3,300 |
| Illinois, Michigan, Ohio, and Pennsylvania | 3,600 | 2,400 |
| Georgia, New Jersey, North Carolina, and Virginia | 900 | 1,500 |
| Hawaii ¹ | 900 | 967 |
| Remaining 37 States and District of Columbia | 900 | 960 |
| U.S. Total | 67,500 | 67,507 |

¹ Hawaii's sample is slightly larger than the "smallest" sample states in order to obtain a sample size of 200 in Kauai County over a 3-year period to produce more precise substate estimates.

Having the sample sizes more proportional to the population sizes in each state makes national estimates derived from NSDUH more precise. This is because larger samples are going in states with larger populations with possibly more heterogeneous characteristics. States with sample increases will have more precise estimates than in previous years, whereas states with smaller sample sizes will have some reductions in precision. However, all states will still have reasonable levels of precision, especially since state estimates are usually based on combining 2 or more years of data. This allocation of sample to states was also implemented because it was thought to be more cost-efficient. Placing more sample in areas with larger populations should reduce field costs because the sample can be clustered in fewer locations rather than dispersed over more locations. As a result, less travel is required between households, fewer sampled areas are required, and fewer interviewing staff are needed.

3.2 Sample Size, by Age Group

Since 1999, person-level sampling rates have been specified by state for five age groups: 12 to 17, 18 to 25, 26 to 34, 35 to 49, and 50 or older. The 2014 design differs from the 1999–2013 design in the allocation of sample to these age groups. In 1999–2013, the design required equal sample sizes of 22,500 people (33 percent) for those aged 12 to 17, 18 to 25, and 26 or older. The allocation to the 26-or-older subgroups (26 to 34, 35 to 49, and 50 or older) was set in 1999 and adjusted in subsequent years.

Starting in 2014, the sample size was redistributed by age group so that 25 percent of the sample is allocated to those aged 12 to 17, 25 percent to those aged 18 to 25, and 50 percent to those aged 26 or older. Although the sample sizes for the age groups of 12 to 17 and 18 to 25 were reduced, these two groups are still considered to be oversampled since they represent approximately 10 percent and 13 percent of the total population, respectively. The 26-or-older age group was further divided into three subgroups: 26 to 34 (15 percent), 35 to 49 (20 percent), and 50 or older (15 percent). Plans are for the allocation to the 26-or-older subgroups to remain fixed in future years. [Table 2](#) provides a comparison of the 1999–2013 and 2014 sample allocations.

Table 2. Target Annual Sample Allocation, by Age Group: 1999–2013, Compared with 2014 and Beyond

| Year | 12 to 17 | 18 to 25 | 26 or Older | | | |
|-----------------|--------------|--------------|--------------|----------------------------|------------------------------|----------------------------|
| | | | Total | 26 to 34 | 35 to 49 | 50 or Older |
| 1999–2013 | 22,500 (33%) | 22,500 (33%) | 22,500 (33%) | 6,000 (9%)– 9,352 (14%) | 6,900 (10%)– 10,000 (15%) | 6,000 (9%)– 7,500 (11%) |
| 2014 and Beyond | 16,877 (25%) | 16,877 (25%) | 33,753 (50%) | 10,126 (15%) | 13,501 (20%) | 10,126 (15%) |

The principal advantage of the revised sample allocation by age group is increased precision of the survey estimates of substance use and mental health problems for older adults. This is especially critical given the observed increase in the prevalence of illicit drug use among older adults (Center for Behavioral Health Statistics and Quality, 2011; Wu & Blazer, 2010). However, there is a modest decrease in the precision of estimates for the oversampled age groups of 12 to 17 and 18 to 25 compared with previous years.

Another key advantage of the revised sample allocation is an increase in precision of national estimates for the full population aged 12 or older. These improvements to the national estimates will also be reflected in the estimates for each state.

3.3 Other Sample Design Changes

There were four additional sample design changes in 2014 NSDUH (see the 2014 NSDUH Methodological Resource Book sample design report for further details [Center for Behavioral Health Statistics and Quality, 2015]). These changes and their potential effects are discussed subsequently.

Use of 2010 Census Data in Constructing the Sampling Frame. From 2005 to 2013, the NSDUH design was based on geographic and population information from the U.S. Census 2000 supplemented with population projections obtained from Nielsen Claritas.¹ The latter was used to update the census data during the intercensal time period.² Starting in 2014, the sampling frame was constructed using information from the 2010 census, the 2006–2010 American Community Survey, and Nielsen Claritas. Using more up-to-date information for the geography-based sampling units means a more efficient design and slightly better precision.

Additional Area Sample Stage. From 2005 to 2013, each state was subdivided into state sampling regions, then census tracts were selected within state sampling regions, and then area segments (one or more census blocks) were selected from census block groups. At the final stage of selection, housing units (such as single-family houses or individual apartments) were selected within segments. Starting in 2014, the design includes an additional stage of selection (census block groups), which was inserted between the selection of census tracts and the selection of area segments. This change has a small positive effect on the sample design in 2014 because it serves as an additional layer of stratification and decreases the chance of selecting neighboring and

¹ Nielsen Claritas is a market research firm headquartered in San Diego, California (see <http://www.claritas.com/sitereports/Default.jsp>).

² The census is conducted every 10 years. "Intercensal" refers to the time period between decennial census data releases.

possibly similar segments within the same block group. In addition, this change will allow for a possible transition to an address-based sample design in the future. Although the NSDUH's housing unit frame is currently built using traditional field enumeration (visiting each area segment to record the location and address of each housing unit within the segment boundaries), an address-based sample frame is purchased from a qualified vendor. Therefore, relying on an address-based sample design would reduce NSDUH's data collection costs. Compared with geocoding at the census block level, geocoding accuracy improves significantly at the census block group level in both rural and urban areas. Thus, in an address-based sample design, census block groups would serve as geographic clusters in areas with sufficient mailing address coverage.

Average Segment Size. The 2005–2013 samples were designed to yield the same number of respondents from each area segment (9,375). In preparation for the 2014 NSDUH sample redesign, several optimization models and other related analyses were conducted (RTI International, 2012). The results of one such analysis indicated that the cluster size could be increased while simultaneously reducing the number of clusters without significant loss of precision. As a result, beginning in 2014, the average segment size varies from 10,000 to 15,833, according to state, and the total number of clusters was reduced from 7,200 to 6,000.

Operational Changes to Identify Missed Housing Units. As part of the NSDUH screening process, interviewers ask screening respondents whether there are any additional living quarters on the property such as unlisted basement or garage apartments. Prior to 2014, interviewers were also required to verify that no additional housing units existed between a sampled housing unit and the next listed housing unit. This process involved visually confirming that there were no missed housing units. Checking for missed housing units beyond the property rarely yielded a missed housing unit and is therefore no longer required. Based on an evaluation of 2010 NSDUH data, the effect on the coverage of the target population is expected to be negligible on estimates (Iannacchione, McMichael, Shook-Sa, & Morton, 2012).

4. 2015 NSDUH Redesign

In 2015, a number of substantial changes were made to data collection equipment, respondent materials, and the survey questionnaire used for NSDUH. Changes were made to the NSDUH data collection equipment including the handheld computer and laptops based on recent technological improvements. Several NSDUH respondent materials, such as the Question and Answer brochure, were redesigned or updated for the 2015 survey to increase their appeal with potential respondents and reflect the most current information. The changes made to the survey questionnaire were intended to improve the quality of the data collected and address changing substance use and mental health policy and research needs. The 2015 changes to data collection equipment, respondent materials, and the survey questionnaire were evaluated in field tests during 2012 and 2013, with appropriate adjustments made as a result of those pretests. See the final reports for the 2012 questionnaire field test and the 2013 dress rehearsal (Center for Behavioral Statistics and Quality, 2014a; 2014b) for details.

4.1 2015 NSDUH Changes to Survey Equipment and Materials

4.1.1 Changes to Computer Equipment and Software for Household Screening

Interviewers had been using the HP iPAQ handheld computer for screening eligible households since 2009. In 2015, the iPAQ was replaced by the Samsung Galaxy Tab. The tablet is primarily used for administering the screener and to help interviewers manage their caseload.

Compared with previous survey administrations, the screening questions and process remain mostly the same in 2015. The only exception is that interviewer debriefing questions, which previously appeared on the laptop at the end of the respondent interview, are now included on the tablet. These questions are completed by the interviewer once the respondent interview is complete and include interviewer observations about the interview, such as level of privacy. Moving the interviewer debriefing items to the tablet enables the interviewer to complete them after leaving the respondent's house. This change is not anticipated to affect data quality and will reduce the burden on the respondent by shortening the amount of time the interviewer remains in the respondent's household.

The tablet also includes two new features that interviewers can use to encourage cooperation: reference guides and a short video about NSDUH. The reference guides include common respondent questions encountered while screening or interviewing along with possible answers. Interviewers can review and refer to the guides to ensure they are correctly answering respondent questions. The video gives a brief explanation of the study and why participation is important and can be used by interviewers to increase respondent participation.

Finally, a parental introductory script was added to the tablet. The script is designed to be read to a parent or guardian once a youth aged 12 to 17 is selected to complete an interview but before the interviewer speaks with that youth. Although this procedure was in place in 2014, this script serves to standardize the introductory conversations between interviewers and parents or guardians.

The new technology and features are not expected to directly affect responses to individual survey questions. However, effects on whether household members agree to do the interview (i.e., survey response rates) are not known at this point.

4.1.2 Changes to Computer Equipment and Software for Respondent Interviews

Interviewers had been using the Gateway laptop to administer the NSDUH interview since 2009. In 2015, the Gateway laptop was replaced by the Samsung Ultrabook laptop. The Samsung laptop is lighter, more durable, and more reliable than the Gateway laptop.

A new feature for the 2015 survey is the use of a computer-generated voice to read the text displayed on the computer screen during the ACASI portion of the interview rather than relying on a prerecorded audio file of a human voice. Changing from a prerecorded human voice to a computer-generated voice was designed to increase the efficiency of developing ACASI questions, maintain consistency in the voice, and reduce survey costs while maintaining data quality. The computer-generated voice and understandability of the questions were pretested in 2014 in a series of cognitive interviews and a pilot test before being implemented in 2015. Some

evidence exists that using a computer-generated voice rather than a recorded human voice could increase reporting of sensitive behaviors (Center for Behavioral Health Statistics and Quality, 2014a). However, the impact of using a computer-generated voice on reporting sensitive behaviors in the NSDUH is unknown.

4.1.3 Changes to Survey Materials

Several NSDUH materials provided to respondents were redesigned or updated for the 2015 survey. Table 3 summarizes the changes that were made to the printed survey materials. The 2015 materials reflected updates in the names of both the study sponsor and the agency that conducts the study. On all corresponding materials, the name of the study sponsor was updated from the U.S. Public Health Service to the U.S. Department of Health and Human Services, and RTI International replaced Research Triangle Institute. In addition, the Lead Letter and Question and Answer Brochure were redesigned to make these materials more attractive to prospective respondents.

Table 3. Changes to Survey Materials for 2015

| Material Change for 2015 | Description of Change |
|---|--|
| Lead Letter | Updated organization names for the survey sponsor and contractor, redesigned the layout and content, and printed in color to improve visual appeal with potential respondents. |
| Question and Answer Brochure | Updated organization names, updated the pictures to reflect the 2015 survey equipment and procedures, and printed in color to improve visual appeal with potential respondents. |
| Contact Cards; Study Description; Interview Incentive Receipt, Certificate of Participation; Other Language Card, Spanish Card, Who Uses the Data Handout | Updated organization names for accuracy. |
| Introduction and Informed Consent for Interview Respondents Aged 12 to 17 | Updated with minor wording changes in the Interviewer Instructions for clarity. |
| Showcard Booklet | Updated organization names and equipment references; removed the pill cards from the booklet, which are now displayed on-screen during the interview; added a new Interview Troubleshooting Guide; and updated the showcards and other included materials to reflect the 2015 survey and procedures. |
| Calendar | The reference date calendar was converted from a paper-and-pencil calendar to a computerized application that appears on-screen. |

The Showcard Booklet, containing printed showcards handed to respondents during the interview to help them answer specific questions privately or to reduce the amount of reading required of interviewers, also underwent changes and additions to reflect the 2015 survey, procedures, and equipment. It is possible that changes to printed materials could affect household and respondent participation.

4.2 2015 NSDUH Changes to the Survey Questionnaire

The NSDUH questionnaire underwent a large number of revisions in 2015. Historically, the NSDUH interview was designed to take respondents about 60 minutes to finish. Therefore, a goal of the 2015 redesign was to make changes to the questionnaire while retaining this average completion time of 60 minutes. A concern with increasing the average survey length was that the resulting increase in respondent burden could reduce response rates. As a result, any additions or revisions to the survey had to be balanced by changes that would reduce the survey completion time, such as deleting questions.

A complete list of questionnaire changes for 2015, reasons for the changes, and implications of the changes for NSDUH data users are included in Appendix A. A version of the NSDUH questionnaire that highlights changes, additions, and deletions between 2014 and 2015, can be found at <http://www.samhsa.gov/data>.

4.2.1 Key Questionnaire Changes

A summary of the key changes to the 2015 NSDUH questionnaire are provided below.

- The response categories were revised in the question about the highest level of education that was completed, including whether respondents received a high school diploma, General Educational Development (GED[®]) certificate of high school completion, or college degree.
- The reference date calendar was converted from a paper-and-pencil calendar to a computerized application that appears on-screen.
- Smokeless tobacco sections (snuff and chewing tobacco) were combined into one section. "Snus" was added as an example of smokeless tobacco.
- The threshold for binge alcohol use was changed from five or more drinks to four or more drinks for female respondents.
- Questions that previously were included in the special drugs module for hallucinogens were moved to the core hallucinogens module. This includes ketamine; tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], and 5-MeO-DIPT [N, N-diisopropyl-5-methoxytryptamine], also known as "Foxy"); and *Salvia divinorum*.
- New inhalants questions for lifetime use of markers and air duster were added.
- A new methamphetamine module was added, separate from questions about misuse of prescription stimulants.
- The approach and definition for measuring the misuse of prescription drugs were revised to include questions about any use of prescription drugs in addition to questions about misuse (i.e., nonmedical use), and, for questions about misuse, to focus on specific behaviors that indicate misuse.
- The focus of the prescription drug modules was changed to a 12-month reference period from the lifetime reference period used in the 2014 and prior questionnaires.

- Electronic images of prescription drugs replaced the hard copy "pill cards" that were shown to respondents, and examples other than pills were shown.
- Prescription drugs that previously were included elsewhere in the main questionnaire (i.e., Adderall[®], Ambien[®]) were moved to the appropriate prescription drug 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 revised prescription stimulants module.
- The market information for marijuana module was removed. This module asked a series of questions for past year marijuana users, including how they obtained marijuana, how much marijuana they obtained, the cost or value of the marijuana they obtained (if applicable), locations and circumstances for where respondents obtained marijuana, and whether they sold or gave away any marijuana that they obtained.
- Questions in the health care module about the lifetime and past year occurrence of specific health conditions were replaced with new questions, including detailed questions about the occurrence of specific types of cancer.
- Demographic questions about moves in the past 12 months, immigrant status, marital status, education, and employment were moved from being interviewer-administered through CAPI to being self-administered through ACASI.
- Questions about sexual orientation and attraction were added to the ACASI section of the questionnaire and were asked only of adults. Questions about disability status, how well the respondent speaks English, and family members currently serving in the U.S. military were also added to the ACASI section of the questionnaire.
- Industry and occupation questions from the employment section were removed. These were interviewer-administered questions that required extensive probing to capture details about the industry in which respondents were currently working (or formerly worked) and respondents' current or former occupation.
- Questions that had been used to determine step, foster, adoptive, or foster relationships in the household roster were removed.

The primary implications of these changes for data users are discussed in more detail in the following sections. Implications of additional changes for data users are included in Appendix A.

4.2.2 Implications for Changes to the Survey Questionnaire

Field tests were conducted in 2012 (Center for Behavioral Health Statistics and Quality, 2014a) and 2013 (Center for Behavioral Health Statistics and Quality, 2014b) to investigate the effects of the questionnaire changes on estimates for substance use and mental health. The sample sizes for these field tests were relatively small (i.e., approximately 2,000 respondents in each field test). Many of the new or revised items clearly performed better in the field test. However, some comparisons of estimates between the main survey and field tests yielded inconclusive results. Results could have been inconclusive because of the smaller sample sizes for the field tests. A summary of the known effects are described later in this section. These effects are described in more detail in Appendix A.

As in prior survey years, the 2015 NSDUH interview consists of core and noncore modules. Table 4 shows the types of questions in the core modules of the interview, which are contained in the first part of the interview. Questions in the core modules of the interview are considered to be critical for basic trend measurement of prevalence estimates and are intended to remain relatively unchanged in the survey from 2015 onward. The core modules in 2015 consist of initial demographic items (which are interviewer-administered) and self-administered ACASI questions pertaining to the use of tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, methamphetamine, and prescription drugs. The prescription drugs include prescription pain relievers, tranquilizers, stimulants, and sedatives.

Table 4. Content of Core Modules in the 2015 NSDUH Interview

| Module | General Content | Mode of Administration |
|-------------------|---|---------------------------------------|
| Core Demographics | <ul style="list-style-type: none"> • Age • Gender • Hispanic/Latino origin and race • Military service • Highest educational grade or degree • Perceived health status | Interviewer administration using CAPI |
| Tobacco | <ul style="list-style-type: none"> • Lifetime use or nonuse of the following: <ul style="list-style-type: none"> – Cigarettes – Smokeless tobacco (i.e., snuff, dip, chewing tobacco, or "snus") – Cigars – Pipe tobacco • Additional questions for lifetime users | Self-administration using ACASI |
| Alcohol | <ul style="list-style-type: none"> • Lifetime use or nonuse • Additional questions for lifetime users | ACASI |
| Marijuana | <ul style="list-style-type: none"> • Lifetime use or nonuse • Additional questions for lifetime users | ACASI |
| Cocaine and Crack | <ul style="list-style-type: none"> • Lifetime use or nonuse of the following: <ul style="list-style-type: none"> – Any cocaine – Crack cocaine (if lifetime cocaine user) – Additional questions for lifetime users | ACASI |
| Heroin | <ul style="list-style-type: none"> • Lifetime use or nonuse • Additional questions for lifetime users | ACASI |
| Hallucinogens | <ul style="list-style-type: none"> • Lifetime use or nonuse of 10 hallucinogens, including any other hallucinogen(s) specified by the respondent • Additional questions if lifetime use reported for any of the specific hallucinogens | ACASI |
| Inhalants | <ul style="list-style-type: none"> • Lifetime use or nonuse of 13 specific types of inhalants for kicks or to get high, including any other inhalant(s) specified by the respondent • Additional questions if lifetime use reported for any of the specific inhalants | ACASI |
| Methamphetamine | <ul style="list-style-type: none"> • Lifetime use or nonuse • Additional questions for lifetime users | ACASI |

Table 4. Content of Core Modules in the 2015 NSDUH Interview (continued)

| Module | General Content | Mode of Administration |
|------------------------------|--|---|
| Pain Relievers Screener | <ul style="list-style-type: none"> • Use in the past 12 months (for any reason) of 38 specific prescription pain relievers, including any other prescription pain reliever • Lifetime use of any pain relievers in the overall category, if no use in the past 12 months was reported | ACASI, plus online images of specific pain relievers to aid respondent recall |
| Tranquilizers Screener | <ul style="list-style-type: none"> • Use in the past 12 months (for any reason) of 16 specific prescription tranquilizers, including any other prescription tranquilizer • Lifetime use of any tranquilizers in the overall category, if no use in the past 12 months was reported | ACASI, plus online images of specific tranquilizers to aid respondent recall |
| Stimulants Screener | <ul style="list-style-type: none"> • Use in the past 12 months (for any reason) of 27 specific prescription stimulants, including any other prescription stimulant • Lifetime use of any stimulants in the overall category, if no use in the past 12 months was reported | ACASI, plus online images of specific stimulants to aid respondent recall |
| Sedatives Screener | <ul style="list-style-type: none"> • Use in the past 12 months (for any reason) of 16 specific prescription sedatives, including any other prescription sedative • Lifetime use of any sedatives in the overall category, if no use in the past 12 months was reported | ACASI, plus online images of specific sedatives to aid respondent recall |
| Pain Relievers (main module) | <ul style="list-style-type: none"> • Use of specific pain relievers in the past 12 months "in any way a doctor did not direct you to use it/them" (i.e., misuse) if any use of the specific pain reliever in the past 12 months had been reported in the pain relievers screener • Lifetime misuse of any pain relievers in the overall category, if no misuse in the past 12 months was reported • Additional questions if any misuse in the past 12 months was reported | ACASI, plus online images for the specific pain relievers that respondents used in the past 12 months |
| Tranquilizers (main module) | <ul style="list-style-type: none"> • Use of specific tranquilizers in the past 12 months "in any way a doctor did not direct you to use it/them" (i.e., misuse) if any use of the specific tranquilizer in the past 12 months had been reported in the tranquilizers screener • Lifetime misuse of any tranquilizers in the overall category, if no misuse in the past 12 months was reported • Additional questions if any misuse in the past 12 months was reported | ACASI, plus online images for the specific tranquilizers that respondents used in the past 12 months |

Table 4. Content of Core Modules in the 2015 NSDUH Interview (continued)

| Module | General Content | Mode of Administration |
|--------------------------|--|---|
| Stimulants (main module) | <ul style="list-style-type: none"> • Use of specific stimulants in the past 12 months "in any way a doctor did not direct you to use it/them" (i.e., misuse) if any use of the specific stimulant in the past 12 months had been reported in the stimulants screener • Lifetime misuse of any stimulants in the overall category, if no misuse in the past 12 months was reported • Additional questions if any misuse in the past 12 months was reported | ACASI, plus online images for the specific stimulants that respondents used in the past 12 months |
| Sedatives (main module) | <ul style="list-style-type: none"> • Use of specific sedatives in the past 12 months "in any way a doctor did not direct you to use it/them" (i.e., misuse) if any use of the specific sedative in the past 12 months had been reported in the sedatives screener • Lifetime misuse of any sedatives in the overall category, if no misuse in the past 12 months was reported • Additional questions if any misuse in the past 12 months was reported | ACASI, plus online images for the specific sedatives that respondents used in the past 12 months |

ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing.

Noncore questions make up the remainder of the interview. In principle, noncore questions can be revised, dropped, or added from year to year. However, many of the noncore items are important for measuring substance use disorders, treatment for substance use problems, serious psychological distress, psychological impairment, major depressive episode, and mental health service utilization. Other noncore ACASI sections for 2015 include items on injection drug use, perceived risks of substance use, arrests, pregnancy and health care issues, immigration, current school enrollment, and employment and workplace issues.

The following sections describe some of the key changes to the core and noncore questions in the 2015 NSDUH. Further details are provided in Appendix A.

Prescription Drugs

Several changes were made to the prescription drug questions for the 2015 NSDUH. These changes were designed to address limitations in the survey design used in prior years. Special attention was paid to revising the modules that measure prescription drug misuse or "nonmedical" use because of public health concerns about misuse of prescription drugs, such as increases in the number of drug poisoning deaths involving opioid pain relievers like hydrocodone, oxycodone, and methadone (Centers for Disease Control and Prevention, 2013; Paulozzi, 2012). Appendix A provides more detail on these changes.

- In prior years, respondents were asked only about misuse of specific prescription drugs. This question structure required respondents to think about two pieces of information in order to answer a single question: (1) whether they ever used a specific

prescription drug for any reason; and (2) if so, whether they ever used it without a prescription or only for the experience or feeling it caused.

For 2015, the structure of the prescription drug questions was modified to ask a set of "screener" questions in which respondents first are asked to report *any* use of specific prescription drugs in the past 12 months, regardless of the reason (see [Table 4](#)). Respondents are then asked about misuse in the past 12 months only for the specific prescription drugs that they reported using in that period.

- In prior years, misuse of specific prescription drugs within a given category focused on misuse of these drugs in the lifetime period. Information on more recent misuse of specific prescription drugs was available only for OxyContin[®].

Now, misuse of specific prescription drugs within a given category focuses on misuse of these drugs in the past 12 months rather than the lifetime period. This change better addresses the information needs of federal agencies that may be concerned with recent misuse. A further benefit of a 12-month time frame is that this time period being closer to the interview date facilitates recall, allowing for more accurate estimates.

- Previously, misuse of a given prescription drug was defined as use of the drug "that was not prescribed for you or that you took only for the experience or feeling it caused." This definition of misuse combined both a behavior (i.e., use without a prescription) and a motivation (i.e., use for the experience or feeling that a drug caused).

In 2015, misuse was redefined as use "in any way a doctor did not direct you to use it/them" and focused on *behaviors* that constitute misuse of prescription drugs. In particular, respondents are now presented with examples of use in any way not directed by a doctor, including (1) use without a prescription of one's own; (2) use in greater amounts, more often, or longer than told to take a drug; and (3) use in any other way not directed by a doctor. Thus, the revised definition of misuse for 2015 is more comprehensive because it can capture reports of overuse of prescribed medication.

- New questions were added in the respective prescription drug modules for the specific ways in which respondents misused prescription drugs (according to the revised definition of use described previously) and respondents' reasons for misusing prescription drugs the last time. Such information will be useful for identifying subtypes of misusers of prescription drugs, such as people who misused prescription drugs without a prescription but for a reason why the drugs were prescribed (e.g., to relieve physical pain).
- In the past, methamphetamine was included as a prescription stimulant, and respondents were asked about use of methamphetamine that was not prescribed or that they took only for the experience or feeling it caused. However, most methamphetamine that is used in the United States is manufactured illegally rather than being dispensed in prescription form (i.e., Desoxyn[®]).

Therefore, for 2015, a new methamphetamine module was added, separate from questions about misuse of prescription stimulants, that asks about *use* of methamphetamine rather than misuse. Consequently, answers for methamphetamine use and misuse of prescription stimulants are no longer expected to be totally consistent. Because of the creation of the new methamphetamine module, comparisons of methamphetamine use and substance use disorders involving methamphetamine prior to 2015 are not comparable with use reported in 2015 and beyond.

- Prescription drugs that are no longer available in the United States were removed from the instrument because they are not relevant to measurement of misuse in the past 12 months. Prescription drugs that are being prescribed more often or were recently approved also were added to the questionnaire.
- Printed pill cards were replaced by electronic images that respondents see on the computer screen during the interview. Images for some prescription drugs are the same as the printed pill cards. However, images were included for more prescription drugs in 2015, and the images for some prescription drugs were updated due to formulation changes. These images also include examples of prescription drugs other than pills, such as a picture of morphine in liquid form for injection and pictures of patches for delivering a drug through the skin.
- The prescription drug modules were revised to reduce opportunities for respondents to give inconsistent answers. For example, respondents cannot report initiation of misuse of any prescription drugs in a given category in the past 12 months without first reporting misuse of at least one prescription drug in that period.
- In previous years, respondents were asked about how they obtained prescription drugs or methamphetamine in the past 30 days or for their last time of misuse in the past 12 months. However, these questions appeared later in the interview outside of the context of questions about misuse of prescription drugs. To address this limitation, questions about how respondents obtained prescription drugs were simplified to refer to their last time of misuse in the past 12 months and were moved to the corresponding prescription drug modules. Because most methamphetamine is produced and distributed illegally, questions about how respondents obtained methamphetamine were dropped from the questionnaire.

These changes to the prescription drug modules were tested extensively through usability testing, cognitive testing, and the 2012 and 2013 field tests prior to implementation of the 2015 NSDUH. Usability testing focused on presentation of questions on the computer screen in ways that facilitated respondents' ability to answer, including their ability to recognize prescription drugs through the electronic drug images. Cognitive testing focused on respondents' understanding of the prescription drug questions, especially with regard to whether the revised definition of misuse allowed respondents to identify whether their use of specific prescription drugs constituted misuse. In particular, cognitive testing provided opportunities to identify and revise terminology or question wordings that were unclear to respondents. Two rounds of field testing with sample sizes of approximately 2,000 respondents per round provided an opportunity to evaluate the revised methamphetamine and prescription drug questions under actual conditions in the field. Analysis of the first round of field test data identified places where further

revisions were needed to the prescription drug questions. Analysis of both rounds of field test data also provided a preview of the estimates that might be expected based on the revised questions.

Because of the number of changes that were made for questions about methamphetamine and prescription drugs, measures of methamphetamine use and misuse of prescription drugs in 2015 are not comparable with measures prior to 2015. Consequently, new measurement of future trends in use of methamphetamine and misuse of prescription drugs will start with the 2015 NSDUH data. These changes to the methamphetamine and prescription drug questions also may affect comparability of estimates for substance use disorders (i.e., dependence or abuse) for prescription drugs and treatment (or perceived need for treatment) for misuse of prescription drugs.

Hallucinogens

A few additional minor changes were made to the questionnaire specifications for 2015. For example, the term "Molly" has been added to questions about Ecstasy use in the hallucinogens module to further clarify which substances should be reported as Ecstasy. These changes were intended to produce more accurate reporting. However, estimates of Ecstasy use in 2015 may not be comparable with estimates from previous years because of this change.

Inhalants

In the inhalants module, two items were added that could affect trend measurements in 2015 and beyond. These new questions ask about the lifetime use of felt tip pens and computer keyboard cleaner, known as air duster, as inhalants. These items were added to make this module more comprehensive. However, estimates of use of inhalants in 2015 may not be comparable with estimates from previous years because of these changes.

Methamphetamine

As noted previously, a new module was added to measure lifetime use of methamphetamine. These new questions focus on methamphetamine manufactured illegally rather than being dispensed in prescription form (i.e., Desoxyn[®]). The module includes measures of lifetime use, age at first use, recency, and frequency. The addition of the new methamphetamine module makes comparisons of methamphetamine use and substance use disorders involving methamphetamine prior to 2015 incomparable with use reported in 2015 and beyond.

Marijuana Marketing

The entire module about marijuana purchases was deleted from the 2015 questionnaire. Consequently, these variables will not be available for analysis in 2015 and beyond.

Demographic Questions

A number of additions and revisions were made to both the interviewer-administered and self-administered ACASI demographic questions in the 2015 NSDUH.

The interviewer-administered question in the core demographics section about respondents' highest level of education prior to 2015 focused on the number of grades (for the 12th grade or below) or the number of years of school (beyond the 12th grade) that respondents completed. However, this question prior to 2015 did not capture information on whether respondents actually received a high school diploma (or a GED certificate) or obtained any degrees beyond high school. Assumptions that respondents were high school graduates if they reported completing the 12th grade or that they were college graduates if they reported completing 4 or more years of college are not necessarily correct. Therefore, the question about the highest level of education was revised for 2015 to capture information on whether respondents obtained a high school diploma or GED certificate, an associate's degree, a bachelor's degree, or a graduate or professional degree. Although these changes for 2015 are expected to improve the accuracy of the measure of educational attainment among adults,³ the resulting measure in 2015 is not expected to be comparable with the measure prior to 2015.

As described in the next paragraphs, three sets of ACASI questions were added to NSDUH to allow data to be analyzed on the behavioral health needs of the following subpopulations: lesbian, gay, or bisexual adults; individuals with differences in ability (e.g., limitations in hearing or vision); and military families. In particular, data for lesbian, gay, or bisexual adults and for military families are relevant to SAMHSA Strategic Initiatives to help people with mental and substance use disorders, prevent behavioral health problems, and promote overall health (SAMHSA, 2011).

The new ACASI questions about sexual orientation and attraction are asked only of adults and were tested during one prior pretest. The wording and structure of similar questions from several surveys were considered, including questions used in the National Health Interview Survey (Miller & Ryan, 2011). Ultimately, the final questions closely resemble the wording and structure of questions in the National Survey of Family Growth.

Questions about English language proficiency and disability were added to NSDUH to reflect statutory requirements. Specifically, Section 4302 of the Affordable Care Act requires these types of items to be included on all population health surveys conducted or sponsored by the U.S. Department of Health and Human Services.

As noted previously, supporting military families is a SAMHSA Strategic Initiative. NSDUH collects data from civilians living on military installations and from family members of active duty military personnel in households that are not on military installations; however, previously it was not possible to identify respondents who have other family members in the military. Therefore, questions were added that asked whether respondents have other family members who are currently serving in the U.S. military. Questions were modeled on the household roster items but were modified to address relationships with active duty family members who may not be residing in the same household as the respondent, such as active duty military personnel who are stationed elsewhere.

³ Educational attainment is estimated in NSDUH only for adults aged 18 or older because the highest level of educational attainment is closely related to age.

Questions about immigration, current school enrollment, and employment and workplace issues that were interviewer-administered in the 2014 NSDUH are self-administered through ACASI for 2015. Many of these items could be considered sensitive in nature, depending on a respondent's situation (e.g., skipping school in the past 30 days). If respondents tend to underreport less socially desirable behaviors when they have to report them to interviewers (Tourangeau & Yan, 2007), then higher quality data may result from self-administered ACASI questions. This change also reduces interviewer burden.

In contrast, questions about health insurance coverage and income are interviewer-administered for 2015, as was the case in prior survey years. Self-administered versions of these questions were field tested using ACASI. However, use of ACASI appeared to affect estimates, with the NSDUH ACASI estimates being different from known benchmarks from other data sources such as the National Health Interview Survey and the American Community Survey. Therefore, SAMHSA made the decision to continue using CAPI for the health insurance and income questions for 2015.

Finally, several demographic items or sections of the interview were deleted from the 2015 questionnaire. These changes include deleting employment questions related to the type of industry in which respondents were working, employment questions about respondents' current or recent occupations, and household roster questions about whether relationships are biological, step, adoptive, or foster.

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Appendix A: Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|--|
| Questionnaire Section: Core Demographics | | |
| <p>Marital status and number of times married (questions QD07 and QD08): Moved these questions from the core demographics section, which is interviewer-administered using computer-assisted personal interviewing (CAPI), to the noncore education section. Questions in the noncore education section in 2015 will be self-administered using audio computer-assisted self-interviewing (ACASI).¹</p> | <p>These questions were moved to ACASI to minimize interviewer burden and maximize standardization in order to reduce potential interviewer effects.</p> | <p>Although the content of these questions has not changed for 2015, data may not be comparable between 2014 and 2015 for the following reasons:</p> <ul style="list-style-type: none"> • ACASI instead of CAPI administration in 2015; and • Later placement of the questions in 2015. |
| <p>Revised the educational attainment categories in question QD11, including categories for completion of a high school diploma, completion of the 12th grade without receiving a diploma, or receipt of a General Educational Development (GED®) certificate of high school completion. For education beyond the 12th grade, the categories include receipt of college credit without a degree or receipt of specific degrees, including an associate's degree.</p> | <ul style="list-style-type: none"> • In NSDUH education measures prior to 2015, adult respondents (Rs) who reported completing the 12th grade were assumed to be high school graduates. This assumption may not always be correct. • The previous NSDUH adult education measure for college graduates assumed completion of a 4-year degree or higher and did not allow for identification of Rs who received an associate's degree. • Additional noncore questions were required to identify high school dropouts. Noncore questions to identify dropouts were asked only of Rs aged 12 to 25. | <ul style="list-style-type: none"> • Improved accuracy of the adult education measure is assumed. • Rs' status as dropouts (i.e., left school without receiving a high school diploma or a GED certificate) can be determined without requiring Rs to answer additional questions if they are no longer in school (i.e., potential burden reduction). • Rs' status as dropouts can be determined for Rs of all ages, not just those aged 12 to 25. • Highest education categories for adults (i.e., less than high school, high school graduate, some college, college graduate or higher) may not be comparable between 2015 and prior years. |
| Questionnaire Section: Calendar | | |
| <p>Replaced the paper calendar for defining reference dates with an electronic calendar that can be accessed in the ACASI portion of the interview.</p> | <p>Makes reference date information more accessible to Rs throughout the ACASI portion of the interview.</p> | <p>Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data.</p> |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|---|--|
| Questionnaire Section: Tobacco Module | | |
| <p>Combined questions that ask about chewing tobacco and snuff into questions that ask about any type of smokeless tobacco, and added "snus" as an example of smokeless tobacco. Deleted questions that asked about snuff and chewing tobacco. Also deleted questions about smokeless tobacco brands.</p> | <ul style="list-style-type: none"> • Respondent confusion about differences between snuff and chewing tobacco, as indicated by misreporting of snuff brands as brands of "chewing tobacco" that were used most often in the past 30 days, or vice versa. • Estimates are made for any smokeless tobacco use but not for individual types of smokeless tobacco. • Snus has emerged in the United States as a type of smokeless tobacco. • Reduction in burden for Rs who in prior survey years would have reported lifetime use of both snuff and chewing tobacco. | <ul style="list-style-type: none"> • Simplified measurement of smokeless tobacco use. • Potential for improved measurement of smokeless tobacco use by including snus as an example. • Field test data suggest that smokeless tobacco use estimates for 2015 will not be comparable with those in earlier years. |
| Questionnaire Section: Alcohol Module | | |
| <p>Binge alcohol use (question AL08): Revised the logic for females to ask about the number of days in the past 30 days that females had four or more drinks on an occasion. (For males, the question continues to ask about the number of days they had five or more drinks on an occasion.)</p> | <ul style="list-style-type: none"> • The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 g/dL. This BAC typically occurs in about 2 hours after four drinks for women and five drinks for men.² • Makes NSDUH measures consistent with measures of binge alcohol use from other national data, such as the Behavioral Risk Factor Surveillance System (BRFSS). | <ul style="list-style-type: none"> • Improved measurement of binge alcohol use in NSDUH in accordance with scientific evidence. • Trend data on binge alcohol use for 2002 to 2015 are expected to be maintained for males. • Estimates of binge alcohol use for the overall population (i.e., including both genders) and for females in 2015 are not likely to be comparable with those in earlier years. • If trend data cannot be maintained for binge alcohol use for the overall population and for females, it may be possible to readjust the trend data in a future survey year |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|--|--|
| Questionnaire Section: Hallucinogens Module | | |
| <p>Added "Molly" as a slang term for Ecstasy in hallucinogen questions about Ecstasy.</p> | <ul style="list-style-type: none"> • The National Institute on Drug Abuse (NIDA) has listed "Molly" as a slang term for Ecstasy.³ • Consistent with use of "Molly" as a slang term for Ecstasy, unique mentions of "Molly" as "some other hallucinogen" (also known as "OTHER, Specify" reports) increased from fewer than 10 per year in 2001 to 2010 to more than 10 in 2011, more than 40 in 2012, and more than 80 in 2013. | <ul style="list-style-type: none"> • More complete and accurate estimation of Ecstasy use. • Rs in 2015 may be less likely to report use of "other" hallucinogens in "OTHER, Specify" data because "Molly" is listed as another name for Ecstasy. • Unknown effect on trend data for Ecstasy use because this term was not included for the field tests. |
| <p>Moved questions about lifetime and most recent use of the following hallucinogens from the noncore special drugs module to the core hallucinogens module: (1) ketamine; (2) DMT, AMT, and "Foxy"; and (3) <i>Salvia divinorum</i>.</p> | <ul style="list-style-type: none"> • Questions about use of these three hallucinogens have been included in the noncore special drugs module since the 2006 survey but have not been used in making estimates of any hallucinogen use in order to maintain trend data since 2002. • Among the population aged 12 or older in 2013, there were an estimated 274,000 past year users of ketamine; 391,000 past year users of DMT, AMT, or "Foxy"; and 518,000 past year users of <i>Salvia divinorum</i>. For phencyclidine (PCP), which is included in the core hallucinogens module, there were 90,000 past year users aged 12 or older in 2013.⁴ | <ul style="list-style-type: none"> • More complete and accurate estimation of hallucinogen use. • Field test data suggest that Rs in 2015 may be less likely to report use of "other" hallucinogens because of the inclusion of these three additional hallucinogens. • Estimates for use of any hallucinogen may not be comparable between 2015 and earlier years. • Analyses of field test data did not suggest much of an effect on estimates because of these changes, but sample sizes were small. Therefore, the impact of these changes will be evaluated further for 2015. |
| Questionnaire Section: Inhalants Module | | |
| <p>Added new questions to the inhalants module to ask about lifetime use of the following inhalants: (1) felt tip pens; and (2) computer keyboard cleaner.</p> | <p>Analysis of trend data on other inhalants that have been specified suggests that these also are important substances among users of inhalants.</p> | <ul style="list-style-type: none"> • More complete and accurate estimation of use of inhalants. • Field test data suggest that Rs in 2015 may be less likely to report use of other aerosol sprays because of the addition of the question about computer keyboard cleaner. • Estimates for use of inhalants may not be comparable between 2015 and earlier years, especially for those aged 12 to 17. The impact of these changes will be evaluated further for 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|---|
| Questionnaire Section: Methamphetamine Module | | |
| <p>Added a new module that measures any methamphetamine use (i.e., as opposed to misuse in the prescription drug context, also known as nonmedical use). The module includes measures of lifetime use, age at first use, recency, and frequency. The module is patterned after the cocaine module.</p> | <ul style="list-style-type: none"> • Although methamphetamine is available in the United States (Desoxyn®) in prescription form, most methamphetamine that is used in the United States is produced illegally rather than by the pharmaceutical industry. • Rs may fail to report methamphetamine use if questions about this drug are presented in the context of questions about prescription stimulants. | <ul style="list-style-type: none"> • More accurate estimation of methamphetamine use. • Data are available on the number of days that Rs used in the past 30 days for 2015 and beyond, in addition to frequency of use in the past 12 months. • Rs can report more recent use of methamphetamine than they reported for prescription stimulants. (In the 2014 NSDUH, this pattern would have been considered inconsistent.) • Estimates for use of methamphetamine are assumed not to be comparable between 2015 and earlier years. |
| Questionnaire Section: Prescription Drug Modules | | |
| <p>Deleted the four prescription drug modules that were included in the 2014 NSDUH.⁵</p> | <p>These modules were deleted and replaced with screening modules to determine use of a specific drug in the past 12 months and main modules to determine misuse of the drug.</p> | <ul style="list-style-type: none"> • Based on all prescription drug module changes, a new baseline will be started in 2015 for prescription drug trends. • Prescription drug variables will be renamed for 2015. |
| <p>Added electronic drug images to the prescription drug modules to replace the hard copy pill cards.</p> | <ul style="list-style-type: none"> • Rs sometimes did not request the pill cards from interviewers despite being instructed to do so. • Reduces costs because updates to a small number of drug images do not require complete reprinting of pill cards for all interviewers. • Allows flexibility to show examples of prescription drugs other than pills (e.g., patches). • Electronic drug images had been used satisfactorily since 2006 in noncore questions for Adderall® and Ambien®. | <p>Along with other changes to prescription drug modules, improved accuracy of reports of misuse of prescription drugs is assumed.</p> |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|---|
| <p>Revised the structure of the prescription drug modules to focus on the past year rather than the lifetime period.</p> | <p>Recent (i.e., past year) misuse of prescription drugs is of greater interest to most NSDUH data users than is lifetime misuse.</p> | <ul style="list-style-type: none"> • Increased accuracy of estimation of past year misuse is assumed. Field test data suggest higher estimates of past year misuse based on the new questions. • Field test data suggest that Rs who last misused prescription drugs more than 12 months ago but at some point in their lifetime may underreport misuse because of the changed structure. • Estimates of lifetime prescription drug misuse may no longer be included in NSDUH reports or tables beginning in 2015. |
| <p>Expanded the number of specific prescription drugs in the questionnaire and dropped prescription drugs that are no longer available in the United States.</p> | <ul style="list-style-type: none"> • Important for accurate survey measurement to include examples of prescription drugs that Rs are most likely to encounter. • Questions about specific prescription drugs that are less salient to Rs could affect accuracy of data. • The longer that a prescription drug has not been available in the United States, the less relevant it is for the new focus on the past year period. | <ul style="list-style-type: none"> • Richer data for analysis, including estimates to be made for drugs that have a common active ingredient, are chemically similar or have a similar duration of action. • Estimates for specific drugs are likely to be of limited utility, because self-reports could reflect recognition of brand names (e.g., Xanax[®]) over recognition of the generic equivalent. • Loss of data on some drugs that might be of historical interest (e.g., methaqualone or Quaalude[®]). |
| <p>Added four "screeners" to the questionnaire for pain relievers, tranquilizers, stimulants, and sedatives. These screeners measure <i>any</i> past year use of specific prescription drugs, grouped by active ingredient. Any lifetime use of prescription drugs in an overall category (e.g., pain relievers) also is measured.</p> | <ul style="list-style-type: none"> • Questions in the 2014 NSDUH interview for misuse (i.e., nonmedical use) require Rs to process two pieces of information in order to answer each question: (1) Has the R used the drug(s) of interest? (2) If so, has the R used the drug(s) according to the definition of misuse? • Screeners simplify the cognitive task for Rs by allowing them first to identify which drugs they used in the past 12 months, and then asking them to report which of these they misused. | <ul style="list-style-type: none"> • Allows estimation of the following: (1) any past year use; (2) past year use but no misuse; and (3) past year misuse. • Allows availability of an additional denominator for analysis of data on misuse (e.g., to compare the percentages of past year users who report misuse). |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|--|
| <p>Added four prescription drug "main modules." These modules include a revised definition of misuse of prescription drugs, defined as use "in any way a doctor did not direct you to use it/them." Examples include "Using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it, or using it in any other way a doctor did not direct you to use it/them."</p> | <ul style="list-style-type: none"> • The definition of misuse in the 2014 NSDUH combines a behavior (use of a drug that was not prescribed for the R) and a motivation (or use only for the experience or feeling the drug caused). The revised definition focuses on behaviors that constitute misuse. • The definition of misuse in the 2014 NSDUH does not include overuse of prescribed medication, which may be an important component of misuse for some types of prescription drugs (e.g., pain relievers). | <ul style="list-style-type: none"> • Increased accuracy of estimation of past year misuse is assumed. • The revised definition of misuse allows data to be collected in follow-up questions on components of misuse. |
| <p>Main module questions for prescription drugs ask whether each drug that was used in the past 12 months was misused according to the revised criteria.</p> | <p>Simplifies the cognitive task for Rs, as noted previously.</p> | <ul style="list-style-type: none"> • Richer data for analysis, as noted previously. • Field test data suggest that name recognition is likely to affect self-reports of misuse of prescription drugs (e.g., reporting use or misuse of a brand name drug rather than the generic equivalent). • For this reason, estimates for misuse generally will be limited to an overall category (e.g., pain relievers) or subcategories of related prescription drugs (e.g., pain relievers containing hydrocodone). |
| <p>Age at first misuse (AFM) and year and month of first misuse (YFM and MFM, respectively, if applicable) are asked for each drug that was misused in the past 12 months. A follow-up question is administered to Rs who reported only past year initiation to determine whether they misused other prescription drugs in that category less recently than the past 12 months.</p> | <ul style="list-style-type: none"> • Consistent with increased emphasis on misuse of prescription drugs in the past 12 months rather than the lifetime period. • The question structure in the 2014 NSDUH allows Rs to provide inconsistent answers for initiation and most recent misuse that need to be resolved through statistical imputation (e.g., Rs reporting first misuse at their current age but reporting that the most recent misuse occurred "more than 12 months ago"). | <ul style="list-style-type: none"> • Consistent data between first misuse and most recent misuse because Rs cannot report past year initiation without reporting past year misuse. • Cannot establish sequences of initiation of different drug categories (e.g., initiation of heroin use after initiation of misuse of pain relievers) for lifetime misusers because AFM data are not available for Rs who reported lifetime (but not past year) misuse. • Underestimation of lifetime (but not past year) misuse could affect estimates for people who are "at risk" for initiation. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|--|
| <p>Past year misuse of "other" prescription drugs in a category is measured, but only if Rs report any past year use of "other" drugs in that category. Rs can specify the names of up to five other drugs that they misused, but they cannot hit "ENTER" to the first "write-in" question without typing something or answering the question as "Don't Know" or "Refused."</p> | <ul style="list-style-type: none"> • Changes for questions about misuse of "other" prescription drugs and associated "OTHER, Specify" data are consistent with other changes described previously for the screeners and main modules. • Questionnaire structure for "OTHER, Specify" data for prescription drugs in the 2014 NSDUH allows Rs to skip the question without providing a reason for their nonresponse. | <ul style="list-style-type: none"> • If item nonresponse occurs in "OTHER, Specify" data for prescription drugs, data users will know the reason for the nonresponse. • "OTHER, Specify" codes for prescription drugs in 2015 will not be comparable with codes in prior years because of the increased specificity of the prescription drug data starting in 2015. |
| <p>Lifetime misuse of prescription drugs is measured, but only through single follow-up questions for the entire category if (1) Rs reported using any prescription drugs in a given category in their lifetime but not in the past 12 months; or (2) Rs reported past year use but no misuse. These follow-up questions do not provide examples of specific prescription drugs in that category, such as drugs that historically were available by prescription in the United States but are no longer available.</p> | <ul style="list-style-type: none"> • Changes to questions about lifetime misuse of any prescription drugs in a given category are consistent with the emphasis on past year misuse rather than on lifetime misuse. • Follow-up questions about lifetime misuse do not include examples of specific prescription drugs in a category because the salience of specific examples depends upon when Rs last misused any prescription drugs in that category. | <ul style="list-style-type: none"> • Field test data suggest that Rs who last misused prescription drugs more than 12 months ago but at some point in their lifetime may underreport lifetime misuse because of the changed structure. • Estimates of lifetime prescription drug misuse may no longer be included in NSDUH reports or tables beginning in 2015. |
| <p>Rs are asked about misuse of specific prescription drugs in the past 12 months, misuse of any drug in the overall category in the past 30 days (if they misused any specific prescription drugs in the past 12 months), or lifetime misuse (if they did not misuse prescription drugs in the past 12 months). Rs who report that they initiated misuse of specific prescription drugs in the past 30 days are skipped out of the question about misuse in the past 30 days because this has already been determined from their report of past month initiation.</p> | <ul style="list-style-type: none"> • Changes to measurement of most recent misuse is consistent with the emphasis on past year misuse of specific prescription drugs rather than on lifetime misuse. • In addition to the inconsistencies that were described previously for past year initiation and most recent misuse, the 2014 NSDUH question structure allows Rs to report initiation in the past 30 days (e.g., first misuse in the same month as the interview month) but also to report that the most recent misuse occurred more than 30 days ago. | <ul style="list-style-type: none"> • Consistent data between first misuse and most recent misuse because Rs who report past month initiation cannot deny misuse in the past 30 days. • Variables for most recent misuse that are on data files for 2015 and beyond will not be comparable with analogous variables prior to 2015. Therefore, these recency variables will be renamed for 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|--|
| <p>The questions for the number of days that Rs misused prescription drugs in the past 12 months (i.e., 12-month frequency questions) have been replaced with questions about the frequency of misuse in the past 30 days, including a question with a continuous range and a follow-up categorical question if Rs do not know or refuse to report an exact number of days.</p> | <p>Rs in the 2014 NSDUH can give inconsistent reports that they last misused any prescription drug in a category more than 30 days ago but within the past 12 months and also report misuse on a number of days in the past 12 months that would suggest that at least some misuse occurred in the past 30 days.</p> | <ul style="list-style-type: none"> • Consistent data between the frequency of misuse and most recent misuse because Rs who do not report misuse in the past 30 days cannot report a frequency of misuse that would suggest that they misused in the past 30 days. • Loss of data on frequency of misuse for Rs whose last misuse occurred more than 30 days ago but within the past 12 months. |
| <p>Questions about misuse in the past 30 days in combination with alcohol have been moved from the noncore consumption of alcohol module to the corresponding prescription drug modules for Rs who report misuse of prescription drugs and use of alcohol in the past 30 days. These questions also have been revised to ask about any misuse of prescription drugs in combination with alcohol in the past 30 days rather than misuse of prescription drugs with alcohol during the last episode of alcohol use in that period.</p> | <ul style="list-style-type: none"> • Groups these questions about misuse in combination with alcohol in the past 30 days with other questions about misuse of prescription drugs in that period. • Use of alcohol in combination with misuse of prescription pain relievers, tranquilizers, or sedatives can be physically hazardous because alcohol and these prescription drugs are central nervous system depressants. • Effects of prescription stimulants that are misused in combination with use of alcohol can mask the effects of the alcohol. | <ul style="list-style-type: none"> • More complete data on misuse of prescription drugs in combination with alcohol at any point in the past 30 days. • Allows analysis of misuse in combination with alcohol for binge or heavy alcohol users (see previous table entry for binge alcohol use; heavy alcohol use in 2015 will be defined as binge alcohol use according to the criteria for males and females on 5 or more days in the past 30 days). |
| <p>Questions are included that decompose the ways of misuse and measure individual ways of misuse for Rs who report misuse in the past 12 months. To promote accurate reporting of overuse of prescription drugs, separate response categories are available for (1) use of a drug in greater amounts than it was prescribed; (2) use of a drug more often than it was prescribed; or (3) use of a drug for longer than it was prescribed.</p> | <ul style="list-style-type: none"> • No prior NSDUH data on specific components of misuse for identifying subtypes of misusers. • Categorization of subtypes of misusers based in part on components of misuse has been proposed in the literature.⁶ • Prior methodological survey research suggests that types of misuse can vary by prescription drug category.⁷ | <ul style="list-style-type: none"> • Richer data for analysis, such as whether certain types of misuse are more common for certain overall prescription drug categories than for others, or whether certain types of misuse vary by demographic or other characteristics (e.g., age group). |
| <p>Rs who misused (or potentially misused) more than one prescription drug in a given category in the past 12 months are asked to report the last prescription drug that they misused.</p> | <p>Focuses recall for subsequent questions about motivations for misuse and sources of prescription drugs.</p> | <p>More accurate reporting of motivations for misuse and sources of prescription drugs is assumed.</p> |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|---|
| <p>Questions are included about motivations for misusing the last drug that was misused.</p> | <ul style="list-style-type: none"> • No prior NSDUH data on specific motivations for misuse for identifying subtypes of misusers. • Recommendations for including questions in NSDUH about motivations for misuse have appeared in the literature.^{8,9} | <p>Richer data for analysis to identify subtypes of individuals who misuse prescription drugs, such as those who misuse for desired medical benefits for which the drugs typically are prescribed (e.g., pain relief) versus individuals with recreational motivations for misuse (e.g., to feel good or get high), or those who indicate dependence.</p> |
| <p>Questions about how Rs obtained prescription drugs or how friends or relatives obtained them (if Rs reported that they last got the prescription drug they misused from a friend or relative for free) have been moved from the noncore prior substance use module to the corresponding prescription drug modules. These questions also have been modified to ask about the source of the last prescription drug in the category that Rs misused. Consequently, questions from the prior substance use module have been dropped for Rs to report all of the ways that they obtained prescription drugs for misuse in the past 30 days. In addition, response options have been deleted for writing fake prescriptions and for buying the drugs on the Internet.</p> | <ul style="list-style-type: none"> • Groups these questions about the source of prescription drugs with other questions about misuse of prescription drugs in a given category. • NSDUH reports have emphasized how individuals who misused prescription drugs in the past 12 months obtained them for their last episode of misuse rather than how individuals obtained prescription drugs for misuse in the past 30 days. • Writing fake prescriptions and buying prescription drugs on the Internet for misuse have been less commonly reported than other sources. However, Rs in 2015 can use "OTHER, Specify" data to report that they obtained prescription drugs in either of these ways. | <ul style="list-style-type: none"> • Estimates for sources of prescription drugs for the last episode of misuse in the past 12 months for 2015 are assumed not to be comparable with estimates from prior survey years. • Data on sources of prescription drugs for misuse in the past 30 days will no longer be available in 2015. |
| <p>Questions about use of a needle to inject prescription stimulants in the past 12 months or past 30 days have been moved from the noncore special drugs module to the stimulants module.</p> | <ul style="list-style-type: none"> • Groups these questions about injection of stimulants with other questions about misuse of prescription stimulants. • Questions about injection of stimulants in the past 12 months or past 30 days are consistent with the emphasis of the revised prescription drug modules on past year rather than lifetime misuse. | <ul style="list-style-type: none"> • Lifetime injection of prescription stimulants cannot be estimated in 2015. • Data on injection of stimulants in the past 12 months or past 30 days for 2015 will not be comparable with data from prior years. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|--|
| Questionnaire Section: Special Drugs Module | | |
| <p>The order of questions has been revised in the noncore special drugs module. For example, questions about lifetime use of nonprescription cough and cold medicine and most recent use of cough and cold medicine to get high have been moved to the beginning of the module. Questions about lifetime and most recent use of gamma hydroxybutyrate (GHB) have been moved to follow the questions about cough and cold medicine. Questions about smoking, sniffing, and injecting heroin and about injecting cocaine also have been moved relative to their placement in 2014.</p> | <p>The module has been reorganized because of the following other changes to the module for 2015:</p> <ul style="list-style-type: none"> • Movement of questions for ketamine; DMT, AMT, or "Foxy"; and <i>Salvia divinorum</i> to the hallucinogens module. • Creation of the new methamphetamine module and deletion of many questions about methamphetamine from the special drugs module. • Inclusion of questions about past year misuse of Adderall® and Ambien® in the relevant core prescription drug modules and deletion of questions from the special drugs module. | <p>Changes in item placement could create context effects that could affect comparability of estimates between 2014 and 2015 even if the wording of questions has not changed.</p> |
| <p>Injecting methamphetamine (questions SD13 and SD14): Removed "Desoxyn or Methedrine" from the questions.</p> | <p>Makes the wording of these questions consistent with the wording in the new methamphetamine module, which does not refer to prescription forms of the drug.</p> | <p>Estimates of methamphetamine injection for 2015 may not be comparable with estimates for 2014. However, given that most methamphetamine use in the United States does not involve misuse of prescription forms of the drug, the effect of this change is likely to be minimal.</p> |
| <p>Use of a needle to inject any other drug (questions SD15 through SD15d): Revised routing logic as needed to account for all questions related to needle use.</p> | <ul style="list-style-type: none"> • Takes into account the movement of questions about injection of stimulants to the core stimulants module. • Takes into account the reordering of other questions in the special drugs module about injection. | <ul style="list-style-type: none"> • Recoded needle use variables for 2015 that include stimulants will not be comparable with corresponding variables for 2014. • If data for use of cocaine, heroin, or methamphetamine with a needle in 2015 are comparable with data for 2014, a new recode could be created for 2014 and 2015 to retain some comparability. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|---|
| <p>Added new question to the special drugs module (SD16) to ask about most recent use of a needle to inject any other drug (if use of a needle to inject stimulants, cocaine, heroin, or methamphetamine was reported) or to inject a drug (otherwise).</p> | <ul style="list-style-type: none"> • The 2014 NSDUH questionnaire asked only about use of a needle to inject other drugs in the lifetime period. • Rs could report more recent use of a needle to inject other drugs than was reported for stimulants, cocaine, heroin, or methamphetamine (if Rs reported injection of these drugs at all). | <ul style="list-style-type: none"> • Improved injection drug use data for 2015 because of data on most recent injection of other drugs. • Comparability of data on most recent use of cocaine, heroin, or methamphetamine with a needle between 2014 and 2015 could be affected. This is because questions SD15SP to SD15d ask respondents to write in the names of any other drugs injected with a needle. If the "other" drug listed by the respondent is actually cocaine, heroin, or methamphetamine (e.g., the respondent writes in "crank," which is slang for methamphetamine), then the respondent might report more recent use for "crank" in SD16 than was reported for methamphetamine in a previous question. |
| <p>General needle use (questions SD17 through SD21): Revised routing logic for the general needle use questions as needed. Added "fills" for Rs who reported use of only one drug with a needle. Added an introduction to SD17 to remind Rs that these questions also apply to use of a needle to inject stimulants based on reports of needle use from the stimulants module (if applicable).</p> | <ul style="list-style-type: none"> • Takes into account the movement of questions about injection of stimulants to the core stimulants module. • Takes into account the reordering of other questions in the special drugs module about injection, including injection of specific drugs or "any other" drug. | <ul style="list-style-type: none"> • Changes could affect comparability of variables in 2015 with variables in 2014. • If general needle use variables for 2015 are not comparable with variables for 2014, then they will be renamed for 2015. |
| <p>Moved most questions about methamphetamine use to the new core methamphetamine module (e.g., age at first use, frequency of use in the past 12 months).</p> | <p>Reflects creation of the new methamphetamine module for 2015.</p> | <p>Not known whether deletion of methamphetamine questions will affect how Rs in 2015 answer subsequent questions that would have followed the deleted methamphetamine questions (i.e., context effects). To be investigated further with data from the 2015 survey.</p> |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|--|
| Questionnaire Section: Blunts Module | | |
| <p>Medical marijuana question in the blunts module (MJMM01): Revised the logic for the medical marijuana question to account for Rs reporting use of a cigar with marijuana in it more than 30 days ago but within the past 12 months without having reported past year use of marijuana from the core marijuana module.</p> | <p>Allows additional reports of use of marijuana that was recommended by a health professional in the past 12 months to be captured from Rs based on their most recent report of use of a cigar with marijuana in it (i.e., a blunt).</p> | <ul style="list-style-type: none"> • More complete reporting of medical marijuana use in the past year. • Changes could affect comparability of variables in 2015 with variables in 2014. However, this is assumed to be unlikely because relatively few Rs report past year use of blunts without also reporting past year marijuana use. |
| Questionnaire Section: Substance Dependence and Abuse Module | | |
| <p>Cocaine dependence or abuse and heroin dependence or abuse: Updated the logic for routing past year users to these questions.</p> | <p>Takes into account the reordering of questions in the special drugs module for cocaine and heroin.</p> | <p>These changes are assumed to have little effect on comparability of estimates for dependence or abuse for these substances in 2015 because relatively few additional Rs report past year use of cocaine or heroin in the special drugs module without having previously reported past year use of cocaine, crack cocaine, or heroin in the core modules. Nevertheless, the impact of these changes will be investigated for 2015.</p> |
| <p>Hallucinogen dependence or abuse: Updated the logic for routing past year hallucinogen users to these questions. Also added "Molly" to the list of examples of hallucinogens.</p> | <p>Takes into account the movement of questions for ketamine; DMT, AMT, or "Foxy"; and <i>Salvia divinorum</i> from the noncore special drugs module to the hallucinogens module.</p> | <ul style="list-style-type: none"> • Field test data suggest that these changes will have minimal effect on aggregate estimates that include dependence or abuse for more prevalent substances such as alcohol or marijuana. • Hallucinogen dependence or abuse estimates for 2015 may not be comparable with estimates for 2014. • Effect of adding "Molly" as an example is assumed not to be likely to have much effect on estimates of hallucinogen dependence or abuse, unless adding "Molly" as an example in the core hallucinogens module has a major effect on reports of past year Ecstasy use. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|--|
| <p>Added dependence and abuse questions for methamphetamine, patterned after the cocaine dependence and abuse items.</p> | <p>Captures information on problems indicating dependence or abuse that are specifically attributable to use of methamphetamine.</p> | <ul style="list-style-type: none"> • Field test data suggest that this change will have minimal effect on aggregate estimates that include dependence or abuse for more prevalent substances such as alcohol, marijuana, or prescription pain relievers. • Estimates for stimulant dependence or abuse in 2015 are assumed not to be comparable with estimates for 2014. |
| <p>Dependence or abuse questions for pain relievers, tranquilizers, and sedatives: Revised the wording to the introductions to these questions to include the prescription drugs from the respective main modules that were misused in the past 12 months and to reflect the revised definition for misuse.</p> | <ul style="list-style-type: none"> • Changes to the introductions to list the specific prescription drugs that were misused in the past 12 months are consistent with the emphasis on past year misuse rather than on lifetime misuse. • Listing the specific prescription drugs that were misused in the past 12 months reminds Rs of the meaning of a given prescription drug category (e.g., pain relievers). • Revising the introductions is necessary to reflect the revised definition for misuse in 2015. | <p>The start of new baselines in 2015 is assumed for prescription drug dependence or abuse and dependence or abuse for individual categories of prescription drugs. However, the start of new baselines is assumed because of changes to the corresponding core prescription drug modules that were described previously and not necessarily because of these changes to the introductions.</p> |
| <p>Dependence or abuse questions for stimulants: Made the same revisions to the introductions to these questions that were described previously for other prescription drugs. Also revised the routing logic to remove past year use of methamphetamine from the logic for administering the stimulant dependence and abuse questions.</p> | <ul style="list-style-type: none"> • Same reasons as described previously for changes to the introductions for other prescription drugs. • Removing past year methamphetamine use from the logic reflects the addition of the new methamphetamine module for 2015. | <p>As for other prescription drug categories, the start of new baselines in 2015 is assumed for prescription stimulant dependence and abuse.</p> |
| <p>Sedative withdrawal questions (DRSV11 and DRSV12): Edited the question wording to ask if the R had two or more symptoms of withdrawal instead of one or more symptoms.</p> | <p>The occurrence of two or more withdrawal symptoms for sedatives correctly reflects the criteria in the <i>Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)</i>¹⁰ for sedative dependence or abuse.</p> | <p>Other than comparability issues as a whole for sedative dependence or abuse because of changes to the core sedatives module for 2015, this change could affect comparability of the sedative withdrawal variables between 2014 and 2015.</p> |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|--|
| Questionnaire Section: Market Information for Marijuana Module | | |
| Deleted the market information for marijuana module. | <ul style="list-style-type: none"> • Allows new questions to be added for 2015 while keeping the average length of time for Rs to complete the interview at an acceptable level for most Rs. • This noncore module has been included in NSDUH questionnaires from 2001 to 2014. Consequently, 14 years of marijuana purchase data from NSDUH are available to analysts. | Data will not be available for 2015 on how and where Rs obtained marijuana that they used in the past year, including prices they paid for marijuana if they purchased it. |
| Questionnaire Section: Special Topics Module | | |
| Questions in the special topics module for driving under the influence of alcohol and illegal drugs used together (SP06a) or driving under the influence of illegal drugs only (SP06c): Updated the logic for routing Rs to these questions. ¹¹ | Takes into account the new methamphetamine module and the changes to the prescription drug modules for measuring past year misuse. | Minimal effect on comparability of data between 2014 and 2015 is assumed because routing to these questions is largely based on reports of use of alcohol and marijuana in the past year. Nevertheless, the impact of these changes will be investigated for 2015. |
| Questionnaire Section: Prior Substance Use Module | | |
| Question wordings for last use of smokeless tobacco in the prior substance use module among Rs whose last use was more than 30 days ago (question LU05 and series): Changed question wording to refer to smokeless tobacco as opposed to snuff to account for changes in the tobacco module. Also deleted questions about prior use of chewing tobacco (question LU06 and series in 2014). | Reflects changes to the tobacco module to replace questions about snuff and chewing tobacco with questions that ask about any type of smokeless tobacco. | If a final determination is made that smokeless tobacco data from the core tobacco module in 2015 are not comparable with corresponding data from 2014, then noncore data on prior use of smokeless tobacco also will be assumed not to be comparable between 2014 and 2015. |
| Question wordings for last use of Ecstasy in the prior substance use module among Rs whose last use was more than 30 days ago (question LU15 and series): Added "Molly" as a slang term for Ecstasy. | Reflects changes in the hallucinogens module to include "Molly" as a slang term for Ecstasy. | <ul style="list-style-type: none"> • More complete and accurate estimation of age at last use of Ecstasy and year and month of last use (if applicable). • Unknown effect on comparability of estimates between 2014 and 2015 for prior use of Ecstasy because this term was not included for the field tests. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|---|
| <p>Questions for last use of methamphetamine in the prior substance use module among Rs whose last use was more than 30 days ago (question LU17 and series): Revised the logic for routing Rs to reflect addition of the new Methamphetamine module. Also edited question wordings to delete reference to Desoxyn® or Methedrine® and to delete reference to methamphetamine use "for kicks or to get high."</p> | <ul style="list-style-type: none"> • Reflects creation of the new methamphetamine module for 2015. • Makes question wordings consistent with wordings in the core methamphetamine module, especially to ask about any use of methamphetamine. | <ul style="list-style-type: none"> • More complete and accurate estimation is assumed for age at last use of methamphetamine and year and month of last use (if applicable). • Changes to these questions and creation of a new methamphetamine module may affect comparability of these data between 2014 and 2015. |
| <p>Deleted the sequence of initiation ("which came first?") questions for cigarettes, alcohol, and marijuana.</p> | <ul style="list-style-type: none"> • Allows new questions to be added for 2015 while keeping the average length of time for Rs to complete the interview at an acceptable level for most Rs. • These questions have been included in NSDUH questionnaires from 2004 to 2014. Consequently, 11 years of initiation sequence data from NSDUH are available to analysts. | <p>Variables related to the sequence of initiation of cigarettes, alcohol, and marijuana will no longer be available in 2015.</p> |
| <p>Deleted questions about the last misuse of prescription drugs from the noncore prior substance use module.</p> | <ul style="list-style-type: none"> • Reflects redesign of prescription drug questions for 2015. • Allows new prescription drug questions to be added for 2015 while keeping the average length of time for Rs to complete the interview at an acceptable level for most Rs. | <p>Variables related to the last use of prescription drugs will no longer be available in 2015.</p> |
| <p>Moved questions about sources of prescription drugs from the noncore prior substance use module to the corresponding core prescription drug modules.</p> | <p>Reflects movement of these questions to the respective prescription drug main modules and associated revisions to these questions.</p> | <ul style="list-style-type: none"> • Estimates for sources of prescription drugs for the last episode of misuse in the past 12 months for 2015 are assumed not to be comparable with estimates from prior survey years. • Data on sources of prescription drugs for misuse in the past 30 days will no longer be available in 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|---|--|
| Deleted questions about the source of methamphetamine from the noncore prior substance use module. | <ul style="list-style-type: none"> Because most methamphetamine that is used in the United States is produced illegally, diversion of methamphetamine that is produced by the pharmaceutical industry is not an important way that users obtain this drug. In the 2013 NSDUH detailed tables, several estimates of the sources of methamphetamine by age group or friends' or relatives' sources of methamphetamine by age group were suppressed because of low precision, even with pooled data from 2 survey years.⁴ | Variables related to the source of methamphetamine will no longer be available in 2015. |
| Questionnaire Section: Drug Treatment Module | | |
| Lifetime receipt of substance treatment (question TX01): Revised the logic for determining who is eligible to be asked questions about treatment for use of alcohol or other drugs, not including cigarettes. | Takes into account changes or new modules for hallucinogens, inhalants, methamphetamine, and prescription drugs. | <ul style="list-style-type: none"> Unknown effect on comparability of substance treatment data between 2014 and 2015. In the 2013 NSDUH, about 93 percent of Rs who were routed to question TX01 reported that they never received treatment for their use of alcohol or other drugs, not counting cigarettes. |
| Hospital emergency room visits in the past 12 months for use of cocaine, heroin, marijuana, LSD, PCP, or methamphetamine (question TX05): Revised the logic for determining who is asked this question. Also changed "methamphetamine" to lower case. | Reflects addition of the new methamphetamine module and deletion of methamphetamine questions in the noncore special drugs module. | <ul style="list-style-type: none"> Unknown effect on comparability of data between 2014 and 2015. However, because of the multiple substances for which this question applies, responses from the new methamphetamine module may not have a disproportionate effect on the data. |
| Perceived need for additional treatment in the past 12 months for specific substances (question TX10): Added methamphetamine as a response option and renumbered subsequent response options. | Reflects addition of the new methamphetamine module. | <ul style="list-style-type: none"> Because Rs can choose more than one response, there will be a new variable in 2015 corresponding to this response option for perceived need for additional treatment for use of methamphetamine. Data on perceived need for additional treatment for misuse of prescription stimulants may not be comparable between 2014 and 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|--|--|
| Perceived need for treatment in the past 12 months for hallucinogens (question TX15): Revised the logic for determining who is eligible to be asked this question. | Takes into account the movement of hallucinogens from the noncore special drugs module to the core hallucinogens module. | Unknown effect on comparability of data between 2014 and 2015. |
| Perceived need for treatment in the past 12 months for inhalants (question TX16): Revised the logic for determining who is eligible to be asked this question. | Takes into account the addition of two new questions for lifetime use of specific inhalants. | Unknown effect on comparability of data between 2014 and 2015. |
| Added new question on perceived need for treatment in the past 12 months for methamphetamine (question TX16a). | Reflects addition of the new methamphetamine module. | <ul style="list-style-type: none"> • Availability of a new variable on perceived need for treatment for methamphetamine use. • Data on perceived need for treatment for misuse of prescription stimulants may not be comparable between 2014 and 2015. |
| Perceived need for treatment in the past 12 months for prescription drugs (questions TX17 through TX20): Revised the logic for determining who is eligible to be asked these questions. | Takes into account the changes to the core prescription drug modules. | <ul style="list-style-type: none"> • The start of new baselines in 2015 is assumed for perceived need for treatment for these prescription drug categories. • However, the start of new baselines is assumed because of changes to the corresponding core prescription drug modules that were described previously and not necessarily because of how Rs are answering questions about their perceived need for treatment. |
| Last or current treatment for hallucinogens (question TX30): Revised the logic for determining who is eligible to be asked this question. | Takes into account the movement of hallucinogens from the noncore special drugs module to the core hallucinogens module. | Unknown effect on comparability of data between 2014 and 2015. |
| Last or current treatment for inhalants (question TX31): Revised the logic for determining who is eligible to be asked this question. | Takes into account the addition of two new questions for lifetime use of specific inhalants. | Unknown effect on comparability of data between 2014 and 2015. |
| Added new question on last or current treatment for methamphetamine (question TX31a). | Reflects addition of the new methamphetamine module. | <ul style="list-style-type: none"> • Availability of a new variable on last or current treatment for methamphetamine use. • Data on last or current treatment for misuse of prescription stimulants may not be comparable between 2014 and 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|--|--|
| Last or current treatment for prescription drugs (questions TX32 through TX35): Revised the logic for determining who is eligible to be asked these questions. | Takes into account the changes to the core prescription drug modules. | <ul style="list-style-type: none"> • The start of new baselines in 2015 is assumed for last or current treatment for these prescription drug categories. • However, the start of new baselines is assumed because of changes to the corresponding core prescription drug modules that were described previously and not necessarily because of how Rs are answering questions about their last or current treatment. |
| Main substance for last or current treatment, if Rs reported receiving treatment for more than one substance (question TX37): Added methamphetamine to the list of response options and renumbered all subsequent response options. | Reflects addition of the new methamphetamine module. | Unknown effect on comparability of data between 2014 and 2015. |
| Lifetime receipt of treatment for alcohol or other drugs (questions TX45 through TX48 and TX49a): Revised the logic for determining who is eligible to be asked these questions. | Takes into account changes or new modules for hallucinogens, inhalants, methamphetamine, and prescription drugs. | Unknown effect on comparability of data between 2014 and 2015. |
| Questionnaire Section: Health Module | | |
| In the noncore health module, moved up the height and weight questions to follow the questions on pregnancy. These will now be the first questions in the module for females aged 45 or older and for males. | <ul style="list-style-type: none"> • Reflects item placement in the questions that were field tested. • Questions are organized more logically than in 2014. For example, all questions in 2015 about health care visits are grouped together. | Changes in item placement could create context effects that could affect comparability of estimates between 2014 and 2015 even if the wording of questions has not changed. |
| Moved the questions on emergency room visits and overnight hospitalizations in the past 12 months to follow the height and weight questions. | <ul style="list-style-type: none"> • Reflects item placement in the questions that were field tested. • Questions are organized more logically than in 2014. For example, questions in 2015 about outpatient health care visits immediately follow the questions about emergency room visits and overnight hospitalizations. | Changes in item placement could create context effects that could affect comparability of estimates between 2014 and 2015 even if the wording of questions has not changed. |
| Deleted questions about specific health conditions in the lifetime period and the past 12 months (questions CHKLST and CHK12M). | Replaced by a new set of questions (see HLTH25 below). | Data on specific health conditions will not be comparable between 2014 and 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|--|--|
| With the deletion of CHKLST and CHK12M, questions about the number of outpatient visits in the past 12 months will follow the questions about emergency room visits and overnight hospitalizations. | <ul style="list-style-type: none"> • Reflects item placement in the questions that were field tested. • Questions are organized more logically than in 2014. | Changes in item placement could create context effects that could affect comparability of estimates between 2014 and 2015 even if the wording of questions has not changed. |
| Advice by a health care professional in the past 12 months about cessation of tobacco use (question HLTH21): Revised the logic for determining who is asked this question. | Reflects the creation of a single set of questions for smokeless tobacco and deletion of questions for snuff and chewing tobacco in the tobacco module. | <ul style="list-style-type: none"> • Unknown effect on comparability of data between 2014 and 2015. • Although the smokeless tobacco questions have changed in the core tobacco module, past year cigarette users may affect the data for this question more than smokeless tobacco users might. |
| Advice by a health care professional in the past 12 months about use of specific illicit drugs (question HLTH23): Revised the logic for determining who is asked this question. | Takes into account changes or new modules for hallucinogens, inhalants, and methamphetamine. | Unknown effect on comparability of data between 2014 and 2015. |
| Lifetime health conditions (question HLTH25): Replaced CHKLST with this revised list of lifetime health conditions. | Simplifies list of conditions into fewer but more commonly reported items. | Data on specific health conditions will not be comparable between 2014 and 2015. |
| Detailed cancer questions (questions HLTH26 through HLTH29): Added new questions about types of cancer that were diagnosed, age at first diagnosis, and presence of cancer in the past year. | Reflects a need to gather more detailed data about the onset of various cancer diagnoses. | Richer data for analysis of relationships between types of cancer and substance use. |
| Detailed questions for other health conditions (questions HLTHOTHint through HLTH41): Added new questions about age at first diagnosis of various health conditions and whether Rs still have specific health conditions. | Reflects a need to gather more detailed data about the onset and continuation of various health conditions. | <ul style="list-style-type: none"> • New data on age at first diagnosis for specific health conditions. • Data on whether Rs still have specific health conditions will not be comparable with data from 2014 on corresponding conditions in the past 12 months. |
| Questionnaire Section: Social Environment Module | | |
| Number of moves for adults in the past 5 years (question SEN04): Deleted this question. | Removed as an unnecessary item to simplify the survey. | Although not likely, need to evaluate whether deletion of SEN04 introduces context effects. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|---|
| Questionnaire Section: Parent Experiences Module | | |
| Question PE02b in the parent experiences module: Revised the question to read as follows: "In the past 12 months, do you think your child has used any 'smokeless' tobacco, such as snuff, dip, chewing tobacco or 'snus', even once?" In 2014, the question asked about "any chewing tobacco or snuff." | Reflects the creation of a single set of questions for smokeless tobacco and deletion of questions for snuff and chewing tobacco in the tobacco module. | Changing the name of the variable corresponding to this question could be warranted because of the change in question wording even if response distributions are similar between 2014 and 2015. |
| Questionnaire Section: Youth Experiences Module | | |
| Number of moves for youths aged 12 to 17 in the past 5 years (question YE04): Deleted this question. | Removed as an unnecessary item to simplify the survey. | Although not likely, need to evaluate whether deletion of YE04 introduces context effects. |
| Questionnaire Section: Definitions for Use in Consumption of Alcohol Module | | |
| Revised the logic for identifying past month users of heroin who are eligible to be asked questions in the consumption of alcohol module about heroin use at the same time or within a couple of hours of the last episode of alcohol use in the past 30 days. | Reflects the changes to placement of questions about heroin use in the special drugs module. | Effect on comparability of data between 2014 and 2015 is likely to be minimal because few Rs report past month heroin use in the special drugs module without also reporting past month use in the core heroin module. Nevertheless, the impact of these changes will be investigated for 2015. |
| Revised the logic for identifying past month users of hallucinogens who are eligible to be asked questions in the consumption of alcohol module about hallucinogen use at the same time or within a couple of hours of the last episode of alcohol use in the past 30 days. | Takes into account the movement of hallucinogens from the noncore special drugs module to the core hallucinogens module. | Unknown effect on comparability of data between 2014 and 2015. |
| Revised the logic for identifying past month users of methamphetamine who are eligible to be asked questions in the consumption of alcohol module about methamphetamine use at the same time or within a couple of hours of the last episode of alcohol use in the past 30 days. | Reflects addition of the new methamphetamine module and changes to methamphetamine questions in the noncore special drugs module. | Unknown effect on comparability of data between 2014 and 2015. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|---|
| Questionnaire Section: Consumption of Alcohol Module | | |
| Any use of other substances in connection with the last occasion of alcohol use in the past 30 days (question CA08): Edited the logic for listing other substances that Rs used in the past 30 days to remove prescription drugs. | Reflects movement of questions about misuse of prescription drugs in combination with alcohol in the past 30 days to the corresponding core prescription drug modules. | Unknown effect on comparability of data between 2014 and 2015. |
| Use of specific other substances in connection with the last occasion of alcohol use in the past 30 days (question CA09): Revised the logic for determining the drugs that Rs are asked about, including removal of prescription drugs. | Takes into account changes or new modules for hallucinogens, inhalants, methamphetamine, and prescription drugs. | Unknown effect on comparability of data between 2014 and 2015. |
| Lifetime binge alcohol use and first binge alcohol use (questions CA10 and CA11 series): Revised the logic for females to ask about consumption of four or more drinks on an occasion. (For males, the question continues to ask about consumption of five or more drinks on an occasion.) | Reflects changes to the threshold for binge alcohol use for females from consumption of five or more drinks on an occasion to consumption of four or more drinks on an occasion (see question AL08 above). | <ul style="list-style-type: none"> • Improved measurement of histories of binge alcohol use in NSDUH in accordance with scientific evidence. • Data for males are expected to be comparable between 2014 and 2015. • Data for the overall population (i.e., including both genders) and for females are not likely to be comparable between 2014 and 2015. |
| Deleted questions on consumption of four or more drinks on an occasion for females (questions CA12, CA13, and the CA14 series). | Reflects changes to the threshold for binge alcohol use for females and changes to the question CA10 and CA11 series that were described above. | Improved data quality for females because females will no longer have an opportunity to provide inconsistent answers for their consumption of five or more drinks and their consumption of four or more drinks on an occasion |
| Questionnaire Section: End of ACASI and Back-End Demographics | | |
| Back-end demographics, including moves and immigrant status, noncore education, and employment and workplace issues: Moved questions from CAPI to ACASI. | These questions were moved to ACASI to minimize interviewer burden and maximize standardization in order to reduce potential interviewer effects. | Overall, need to evaluate comparability between 2014 and 2015, in addition to investigations that were done for the Questionnaire Field Test (QFT) and Dress Rehearsal (DR). ¹² |
| Number of moves in the past 12 months (question QD13): Deleted the logic for number of moves in the past 5 years. | Reflects deletion of question SEN04 for adults in the social environment module and question YE04 for youths in the youth experiences module. | Data for this variable <i>may</i> be comparable with data prior to 2013 (i.e., before the logic for YE04 and SEN04 was added to QD13) but not with data from 2013 and 2014. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|--|--|
| Lived in the United States for at least 1 year, if R was not born in the United States (question QD16a): Added logic so that only those who report at least one move in the past 12 months will be asked whether they have lived in the United States for at least 1 year. | Ensures accurate reporting of time spent in the United States for Rs who were not born in the United States. | Data may not be comparable between 2014 and 2015. |
| Number of months living in the United States, if R was not born in the United States (question QD16c): Edited the text of this item to include the instruction to enter "0" if Rs have lived in the United States for less than 1 month (instead of as an interviewer instruction). | Reflects movement of the question to ACASI. | Unknown effect on comparability of data between 2014 and 2015. |
| Added two new questions about sexual orientation and sexual attraction to be asked only of adults (questions QD62 and QD63). | Addresses specific HHS goals for measuring sexual orientation and attraction. | Makes data available for analysis of substance use, mental health, and other outcomes by self-reported sexual orientation for adults. |
| Added new questions about language and disability (questions QD55 through QD61). | Addresses specific HHS goals for measuring language and disability. | Makes data available for analysis of language and disability. |
| Questionnaire Section: Education Module | | |
| Current grade in school (question QD18): Deleted the hard error that was triggered if the current grade or year of school (QD18) was lower than the highest grade or year of school that had been completed (QD11). Added consistency check questions that were triggered if (1) QD11 indicated that the R had a bachelor's degree but QD18 indicated current enrollment at a lower level of education; or (2) QD11 indicated receipt of a high school diploma or GED certificate but QD11 indicated current enrollment in the 12th grade or lower. Question QD18CC04 allows Rs to change their highest level of education. | Consistency check questions are used instead of a hard error to allow respondents to change their highest level of education and to ensure correct responses are being recorded. | <ul style="list-style-type: none"> • Movement of QD18 to ACASI could affect comparability of data between 2014 and 2015, independent of deletion of the hard error. • The ability of Rs to update their highest level of education relative to their answer in QD11 could affect comparability of the data for the highest level of education. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|---|---|
| Days absent from school in the past 30 days (questions QD20 and QD21): Moved interviewer notes to the question text to clarify definitions for how to report the answer. | <ul style="list-style-type: none"> • Reflects movement of the question to ACASI. • When the questions were administered using CAPI, interviewers needed to use this information only if Rs needed further clarification about how to answer the questions. | <ul style="list-style-type: none"> • Unknown effect on comparability of data between 2014 and 2015. • Lack of comparability between 2014 and 2015 may be more likely to be caused by movement of the questions to ACASI rather than movement of the interviewer notes to question text. |
| Removed questions about receipt of a high school diploma, receipt of a GED certificate, reasons for leaving school without a high school diploma (including the "OTHER, Specify" item), and the age when Rs left school. | Categories have been added to QD11 for receipt of a high school diploma or GED certificate or for completion of the 12th grade without receipt of a high school diploma. | <ul style="list-style-type: none"> • The variables HSDIPLMA, HSGED, LFSCHWHY, and LFTSCHAG will no longer be created starting in 2015. • Rs' status as school dropouts will be based on data from QD11 or QD18CC04. |
| Marital status and number of times married (questions QD07 and QD08): Moved these questions from the interviewer-administered core demographics section at the beginning of the interview to the noncore education section and made them ACASI. | These questions were moved to ACASI to minimize interviewer burden and maximize standardization in order to reduce potential interviewer effects. | <ul style="list-style-type: none"> • Changes in item placement could create context effects. • Also need to evaluate comparability between 2014 and 2015 because of move to ACASI, in addition to investigations that were done for the QFT and DR.¹² |
| Added new questions about family members in the military (questions QD10d through QD10f). | SAMHSA's Strategic Initiative on prevention of substance abuse and mental illness includes a focus on families of active-duty military service members. ¹³ | Makes data available on substance use and mental health issues among members of the civilian, noninstitutionalized population who have family members who are serving in the military. |
| Questionnaire Section: Employment Module | | |
| Removed employment questions related to industry and occupation. | <ul style="list-style-type: none"> • These items were removed from the survey because they were identified as low priority items and for brevity. • Industry and occupation questions also do not lend themselves well to self-administration because they require interviewer probing to capture complete and accurate information for coding. | <ul style="list-style-type: none"> • Variables related to industry and occupation will no longer be available in 2015. • Deletion of industry and occupation variables could affect comparability of other employment variables between 2014 and 2015 (e.g., self-employment). |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|---|---|--|
| Work and having a job in the past week (questions QD26 and QD27): Moved interviewer notes about unpaid work to become notes that Rs can access by pressing a function key. | <ul style="list-style-type: none"> • Reflects movement of the questions to ACASI. • Rs who do not need to hear additional information about the meaning of "unpaid work" can skip this information. | Unknown effect on comparability of data between 2014 and 2015. |
| Year in which Rs last worked for pay (question QD39a): Moved an interviewer instruction to the question text to provide information on how Rs should report that they never worked for pay. | <ul style="list-style-type: none"> • Reflects movement of the question to ACASI. • When the questions were administered using CAPI, the instruction to interviewers was not to be read to Rs. | Unknown effect on comparability of data between 2014 and 2015. |
| Days absent from work in the past 30 days (questions QD40 and QD41): Added notes to the question text that formerly were in an interviewer note to clarify types of days missed from work that should not be counted in the answer. | <ul style="list-style-type: none"> • Reflects movement of the question to ACASI. • When the questions were administered using CAPI, interviewers needed to use this information only if Rs needed further clarification about how to answer the questions. | Unknown effect on comparability of data between 2014 and 2015. |
| Number of people at the R's workplace (question QD42): Deleted this question. | <ul style="list-style-type: none"> • This item was removed because of its relation to the earlier deleted employment questions. • This item also was identified as being a low priority item and it was confusing to Rs. | <ul style="list-style-type: none"> • Unknown effect on comparability of data between 2014 and 2015. • Deletion of QD42 could affect how Rs answer subsequent employment questions QD43 through QD53 (i.e., context effects). |
| Questionnaire Section: Household Roster | | |
| Deleted questions about whether relationships are biological, step, adoptive, or foster. For example, FTHRTYPE in 2014 asked whether the person was the R's biological, step, adoptive, or foster father. | These items were removed as potentially sensitive for respondents and for brevity. | Loss of the same level of detailed information on family relationships in 2015. |
| Proxy information question QP02 about the R's relationship to the other adult who could answer the health insurance and income questions: Revised response option number 10 from "OTHER ADULT/RELATIVE" to "OTHER ADULT RELATIVE." | <ul style="list-style-type: none"> • Only relatives living in the household should be able to serve as proxies for answering the health insurance and income questions. • The previous wording (which was not read to Rs) implied that any adult in the household could serve as a proxy for the R. | <ul style="list-style-type: none"> • Unknown effect on comparability of data between 2014 and 2015. • However, out of more than 26,700 Rs in 2013 who reported that another relative in the household could better answer the questions about health insurance and income, about 92 percent reported a parent or spouse to serve as a proxy. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|---|
| Questionnaire Section: Health Insurance | | |
| Medicaid coverage (question QHI02): Added the phrase "Medicaid may also be called Medical Assistance" to the question. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs (or their proxies).¹⁴ • Prior to 2015, this information was contained in optional text for interviewers to read. | <ul style="list-style-type: none"> • Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. • Increases in estimates of Medicaid coverage between 2014 and 2015 could reflect actual changes in the population because of the Affordable Care Act. |
| Coverage by the Children's Health Insurance Program (CHIP; question QHI02a): Moved the interviewer note about CHIP to the question text. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Military health care coverage (question QHI03): Added an introductory statement explaining who may be eligible for military health care coverage. Also added definitions for CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), CHAMPVA (Civilian Health and Medical Program of the Veterans Administration), the VA (Department of Veterans Affairs), and military health care that are read to all Rs. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Private health insurance coverage (QHI06): Moved information about private health insurance formerly contained in an interviewer note to the question text. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Source of private health insurance (question QHI07): Added further explanation to the question to indicate where private health insurance can be obtained. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Periods without health insurance coverage in the past 12 months (questions QHI13 and QHI14): Added logic to fill in the reference date to define the start of the past 12 months. | <ul style="list-style-type: none"> • Reflects replacement of the paper calendar with an electronic calendar for defining reference dates that was filled out at the beginning of the interview. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|--|--|
| Questionnaire Section: Income | | |
| Social Security income (question QI01N): Revised the question to include information on who receives Social Security payments. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Supplemental Security Income (SSI; question QI03N): Revised the question to include a definition and other information about SSI. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Income from pay or wages while working at a job (question QI05N): Deleted this question. | Assuming that income from wages is the most likely source of income for most families, deleting this question removes the opportunity for Rs (or their proxies) to report that they did not receive income from wages. | <ul style="list-style-type: none"> • Data on whether Rs received any household income from wages will not be available for 2015. • Estimates of total personal and household income still will be available for 2015 but need to evaluate comparability of household income estimates between 2014 and 2015. |
| Question about the Supplemental Nutrition Assistance Program (SNAP) (question QI07N): Revised the question to refer to SNAP, indicate that this formerly referred to food stamps, and to include additional definitions. | <ul style="list-style-type: none"> • Ensures that added information will be read to all Rs. • Prior to 2015, this information was contained in optional text for interviewers to read. • Reflects the renaming of the food stamp program to SNAP. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Cash assistance from state or county welfare programs (question QI08N): Revised the question to use the word "borough" or "parish" if appropriate for a given state. | Alaska uses "borough" and Louisiana uses "parish" to describe the substate divisions corresponding to counties in other states. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Sources of non-monetary welfare assistance (question QI10N): Changed the wording from "any other kind of welfare or public assistance" to any other kind of non-monetary welfare or public assistance." | Clarifies that this question is about non-monetary forms of welfare or public assistance. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

| Questionnaire Change for 2015 | Reasons for Change | Implications for Data Users |
|--|---|---|
| Receipt of any type of welfare or public assistance in the past 12 months (question QI12AN): Added the explanation that Rs are to include cash or non-monetary assistance in answering the question. | Clarifies that this question pertains to all forms of welfare or public assistance. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Number of months that Rs or other family members received welfare or public assistance in the past 12 months (question QI12BN): Changed "not including food stamps" to "not including SNAP benefits." Also added the explanation that was included for question QI12AN. | <ul style="list-style-type: none"> • Clarifies that this question pertains to all forms of welfare or public assistance, except for SNAP benefits. • Reflects the change from "food stamps" to "SNAP benefits" in question QI07N. | Likely to have a minimal or no effect on comparability between 2014 and 2015 but this will need to be evaluated with completed 2015 data. |
| Introductory screen on sources of income prior to asking about total personal and household income from all sources (INTRTINN): Reordered the sources of income by likely order from most common to less common, and added "income earned at a job or business" as the first source on the list. | <ul style="list-style-type: none"> • Reflects the deletion of question QI05N. • Presents the list of other sources of income in an order that is likely to be salient to most Rs. • Including "income earned at a job or business" as the first example on the list could improve Rs' reporting of their total personal or family incomes. | <ul style="list-style-type: none"> • Potential improvements in reporting of income for analyses by household income level or poverty level. • Changes to the total income introduction could affect comparability of total income estimates between 2014 and 2015. |
| Total personal and family incomes of \$20,000 or more (questions QI21B and QI23B, respectively): Revised the category for the second-highest income level to "\$100,000 to \$149,999" and revised the category for the highest income level from "\$100,000 or more" to "\$150,000 or more." | This response option was changed to allow more precise data to be collected. | <ul style="list-style-type: none"> • Allows finer analysis of data for higher amounts of personal or family income. • Collapsing of the categories for "\$100,000 to \$149,999" and "\$150,000 or more" into a single category of "\$100,000 or more" could yield a category that is comparable with the highest income category for 2014. |
| Number of home telephone numbers (question QI24 in 2014): Replaced this question with a "yes/no" question (CELL1) about whether there are any telephone numbers at the dwelling unit (DU) that are not for cell phones and included an additional "yes/no" question (CELL2) about whether anyone at the DU has a working cell phone. | <ul style="list-style-type: none"> • A single "yes/no" question about whether the DU has any telephones other than cell phones at the DU is likely to be easier to answer than a question that asks Rs to report the total number of separate telephone numbers (other than cell phone numbers) at that DU. • An answer of "no" to CELL1 combined with an answer of "yes" to CELL2 indicates that the DU has telephone coverage only through cell phones. | <ul style="list-style-type: none"> • Availability of data on DUs with only cell phone coverage. • Binary "yes/no" data from CELL1 in 2015 may not be comparable with reports of one or more telephone numbers from QI24 in 2014. • Loss of data on the number of DUs with more than one separate landline telephone number (i.e., not counting cell phones). |

Table A.1 NSDUH Questionnaire Changes for the 2015 Survey, Reasons for Changes, and Implications for Data Users (continued)

NOTE: This table presents only the questionnaire changes for 2015. Evaluation of the impact of questionnaire changes will take place within the context of evaluating the impact of other changes on estimates (e.g., effects of changes to contact materials on response rates and the potential effects of such changes on estimates) or effects of questionnaire changes on responses to items later in the survey that did not change for 2015.

- ¹ These questions will be moved back to computer-assisted personal interviewing (CAPI) for the 2016 NSDUH because preliminary results from the 2015 data showed a high rate of item nonresponse and because adolescent respondents aged 12 to 17 had difficulty answering the questions correctly in audio computer-assisted self-interviewing (ACASI).
- ² See "Drinking Levels Defined" on the pages entitled "Alcohol & Your Health" and "Overview of Alcohol Consumption" at <http://www.niaaa.nih.gov/>.
- ³ See "Drugs of Abuse" at <http://www.drugabuse.gov/>.
- ⁴ Center for Behavioral Health Statistics and Quality. (2014). *Results from the 2013 National Survey on Drug Use and Health: Detailed tables*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/>
- ⁵ For brevity, reference is made to the 2014 NSDUH questionnaire. However, similar questions often were included in earlier NSDUH questionnaires, especially in core modules.
- ⁶ Boyd, C. J., & McCabe, S. E. (2008). Coming to terms with the nonmedical use of prescription medications. *Substance Abuse Treatment, Prevention, and Policy*, 3(22). doi: 10.1186/1747-597X-3-22
- ⁷ Hubbard, M. L., Pantula, J., & Lessler, J. T. (1992). Effects of decomposition of complex concepts. In C. F. Turner, J. T. Lessler, & J. C. Gfroerer (Eds.), *Survey Measurement of Drug Use: Methodological studies* (pp. 245–264), Publication No. ADM 92-1929. Rockville, MD: National Institute on Drug Abuse.
- ⁸ Zacny, J. P., & Lichtor, S. A. (2008). Nonmedical use of prescription opioids: Motive and ubiquity issues. *Journal of Pain*, 9(6), 473–486.
- ⁹ Colliver, J. D., & Gfroerer, J. C. (2008). Motive for nonmedical use of prescription pain relievers in the National Survey on Drug Use and Health. *Journal of Pain*, 9(6), 487–489.
- ¹⁰ American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders (DSM-IV)*. Washington, DC: Author.
- ¹¹ For 2016, this series will no longer ask about "illegal drugs" collectively but will ask separate questions about driving under the influence of alcohol, marijuana, cocaine/crack, heroin, hallucinogens, inhalants, and methamphetamine individually. Respondents also will be asked about driving under the influence of alcohol only.
- ¹² Center for Behavioral Health Statistics and Quality. (2014a). *National Survey on Drug Use and Health: 2012 questionnaire field test final report*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/>
- Center for Behavioral Health Statistics and Quality. (2014b). *National Survey on Drug Use and Health: 2013 dress rehearsal final report*. Rockville, MD: Substance Abuse and Mental Health Services Administration. Retrieved from <http://www.samhsa.gov/data/>
- ¹³ Substance Abuse and Mental Health Services Administration. (2014). *Leading change 2.0: Advancing the behavioral health of the nation 2015–2018*. HHS Publication No. (PEP) 14-LEADCHANGE2. Rockville, MD: Author. Retrieved from <http://www.samhsa.gov/data/>
- ¹⁴ For brevity, subsequent changes for health insurance and income items refer only to respondents (Rs). These changes also are relevant to other family members in the dwelling unit who answer these questions as proxies for the Rs.