

Has he/she often wanted to cut down on his/her use of a drug or ever tried to cut down on using a drug but couldn't?

Yes No I prefer not to answer

Has he/she ever found that he/she needed more of any drug to get the same effect or found that the same amount had less effect than before?

Yes No I prefer not to answer

If YES: Has this ever occurred on most days for a month or more?

Yes No I prefer not to answer

Has quitting or cutting down on a drug ever made him/her sick or caused withdrawal symptoms?

Yes No My peer has never tried to cut down on any of his/her drug usage I prefer not to answer

Has he/she ever given up any activity in order to use the drug several times or more within a month?

Yes No I prefer not to answer

Parenting

[If your peer does not have any children, please skip the following questions and proceed on page 46 (Survey of Couples Section). Otherwise, please continue.]

How much is your peer involved in parenting his/her children? Please select the best answer for each child below.

| | This child lives with him/her. | This child doesn't live with him/her most of the time, but he/she is actively involved in parenting this child. | He/she is not involved in being a parent to this child. | He/she never sees this child. | I prefer not to answer |
|----------|--------------------------------|---|---|-------------------------------|------------------------|
| Child #1 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child #2 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Child #3 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | | | | | |
|----------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Child #4 | <input type="radio"/> |
| Child #5 | <input type="radio"/> |
| Child #6 | <input type="radio"/> |
| Child #7 | <input type="radio"/> |

For the next questions, think about the times that your peer's child(ren) have needed discipline and the things that he/she has done to the child(ren) OVER THE LAST 12 MONTHS. Please select the best answer.

When my peer's child(ren) is/are not behaving well, he/she has...

| | Never | 1-3 times | Monthly | Weekly | Most days | Does not apply/ I prefer not to answer |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|
| Tried to discuss the problem calmly. | <input type="radio"/> |
| Threatened to spank his/her child. | <input type="radio"/> |
| Yelled, insulted, or swore at his/her child. | <input type="radio"/> |
| Spanked his/her child. | <input type="radio"/> |
| Hit or tried to hit his/her child with something. | <input type="radio"/> |
| Pushed, grabbed, or slapped his/her child. | <input type="radio"/> |
| Beat up his/her child. | <input type="radio"/> |

Survey of Couples

[If your peer has not had any romantic partner in the last 12 months, please skip to page 47 (Contact with Police and Court System Section). Otherwise, please continue.]

No matter how well a couple gets along, there are times when they disagree, get annoyed with the other person, or just have spats or fights because they're in a bad mood or tired or for some other reason. They also use many different ways of trying to settle their differences. Please read each of the following things that your peer and his/her partner might do when they have an argument.

In the LAST 12 MONTHS, during their arguments, please select how many times...

| | Never | Once | Twice | 3-5 times | More than 5 times | I prefer not to answer |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Your peer or his/her partner explained his/her side, suggested a compromise, or showed respect for the other's feelings. | <input type="radio"/> |
| Your peer or his/her partner insulted or | <input type="radio"/> |