

Punched, hit, kicked, bit, or slammed them against a wall.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Beat them up or choked, strangled, burned, or scalded them on purpose.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Threatened them with a knife or gun.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used a knife or gun on them.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Tobacco, Alcohol, and Drugs

Please answer the following questions about your peer's use of alcohol, tobacco and drugs to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

A. Whole Life Section

Has your peer ever tried cigarette smoking, even just 1 or 2 puffs?

Yes
 No/Not that I know of
 I prefer not to answer

Has your peer ever smoked more than one whole cigarette?

Yes
 No/Not that I know of
 I prefer not to answer

Has your peer ever tried cigars, even just 1 or 2 puffs?

Yes
 No/Not that I know of
 I prefer not to answer

Has your peer ever smoked more than one cigar?

Yes
 No/Not that I know of
 I prefer not to answer

Has your peer ever tried chewing tobacco or snuff?

Yes
 No/Not that I know of
 I prefer not to answer

Has your peer had a drink of beer, wine, wine coolers, or hard liquors more than 2 or 3 times in his/her life?

Yes No/Not that I know of I prefer not to answer

Has you peer ever tried marijuana or hashish?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of stimulant or amphetamine (not including cocaine)? Examples include drugs such as Benzadrine, Methamphetamine, Ephedrine, speed, diet pills, etc.)

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried sedative or tranquilizers? (Examples include sleeping pills, barbiturates, Seconal, Librium, Valium, Xanax, Ativan, Quaaludes, etc.)

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of cocaine or crack?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of heroin?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of oxycontin?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried opiates? (Examples include methadrone, opium, morphine, codeine, Percodan, Darvon, Dilaudid, Demerol, Talwin, etc.)

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried PCP or angel dust?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried ecstasy or MDMA?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of hallucinogen? (Examples include LSD, acid, mescaline, peyote, DMT, psilocybin, etc.)

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried amyl nitrate or poppers? (Examples include whippets, odorizers, rush, etc.)

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of steroids?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried rohypnol (or rophies or roofies)?

Yes No/Not that I know of I prefer not to answer

Has your peer ever tried any kind of inhalant? (Examples include glue, cleaning fluid, gasoline, or paint to get high, etc.)

Yes No/Not that I know of I prefer not to answer

If your peer has ever tried any drug(s) not included above, please list it/them in the space below.

B. Cigarette Section *[If you believe that your peer has never smoked one whole cigarette, please skip to page 27 (Cigar Section).]*

Please answer the following questions about your peer's use of cigarettes to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

Has your peer ever smoked cigarettes regularly (i.e., at least 1 cigarette every day for 30 days)?

- Yes
 No/Not that I know of
 I prefer not to answer

If YES: About how old was your peer when he/she first started smoking cigarettes regularly (at least 1 cigarette every day for 30 days)? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

Has he/she smoked 100 or more cigarettes in his/her life?

- Yes
 No/Not that I know of
 I prefer not to answer

During the LAST 12 MONTHS, how frequently did your peer smoke cigarettes?

- Never (that I know of)
 Less than once a month
 1-4 times every month
 1-6 times every week
 Every day
 I prefer not to answer

During the LAST 12 MONTHS, on the days your peer smoked, on average, how many cigarettes would you say he/she smoked per day? *(Enter "0" if he/she has never smoked a cigarette in the last 12 months that you know of. If you prefer not to answer, you may enter 9999)*

During the LAST 30 DAYS, on how many days would you say your peer smoked? *(Enter "0" if he/she has never smoked a cigarette in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

During the LAST 30 DAYS, on the days that your peer smoked, on average, how many cigarettes would you say he/she smoked each day? *(Enter "0" if he/she has never smoked a cigarette in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

During the LAST 6 MONTHS, has your peer tried to quit smoking cigarettes?

- Yes No/Not that I know of He/she has never smoked in the last 6 months I prefer not to answer

How long ago did your peer quit smoking cigarettes?

- Has not quit 1-2 years ago
 Last month More than 2 years ago
 Last 1-5 months He/she has never smoked
 Last 6-11 months I prefer not to answer

Of your peer's 3 best friends (including you), how many smoke at least 1 cigarette a day?

- None
 1 friend
 2 friends
 3 friends
 I prefer not to answer

C. Cigar Section *[If you believe that your peer has never smoked more than 1 or 2 puffs of a cigar, please skip to page 28 (Chewing Tobacco or Snuff Section).]*

Please answer the following questions about your peer's use of cigars to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

About how many cigars would you say your peer has smoked in his/her lifetime? *(If you prefer not to answer, you may enter 9999)*

About how old was your peer when he/she smoked a cigar for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, on how many days would you say your peer has smoked cigars? (Enter "0" if he/she has never smoked a cigar in the last 12 months that you know of. If you prefer not to answer, you may enter 9999)

During the LAST 12 MONTHS, on the days that your peer smoked cigars, on average, how many cigars would you say he/she smoked each day? (Enter "0" if he/she has never smoked a cigar in the last 12 months that you know of. If you prefer not to answer, you may enter 9999)

During the LAST 30 DAYS, on how many days would you say your peer smoked cigars? (Enter "0" if he/she has never smoked a cigar in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

During the LAST 30 DAYS, on the days that your peer smoked cigars, on average, how many cigars would you say he/she smoked each day? (Enter "0" if he/she has never smoked a cigar in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

D. Chewing Tobacco or Snuff Section [If you believe that your peer has used chewing tobacco or snuff, please skip to page 29 (Alcohol Section).]

Please answer the following questions about your peer's use of chewing tobacco or snuff to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

About how old was your peer when he/she used chewing tobacco or snuff for the first time? (Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)

During your peer's lifetime, how frequently (to the best of your knowledge) has he/she used chewing tobacco or snuff?

- | | |
|---|--|
| <input type="radio"/> Never | <input type="radio"/> 1-3 times each WEEK |
| <input type="radio"/> Once or twice in his/her life | <input type="radio"/> 4-6 times each WEEK |
| <input type="radio"/> Less than once a month | <input type="radio"/> Every day of the week |
| <input type="radio"/> 1-4 times each MONTH | <input type="radio"/> I prefer not to answer |

During the LAST 12 MONTHS, how frequently (to the best of your knowledge) did he/she use chewing tobacco or snuff?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Every day of the week
- I prefer not to answer

During the LAST 30 DAYS, on how many days (to the best of your knowledge) did he/she use chewing tobacco or snuff? *(Enter "0" if he/she has never used chewing tobacco in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

E. Alcohol Section *[If you believe that your peer has never had more than 1-2 drinks in his/her lifetime, please skip to page 33 (Marijuana Section).]*

Please answer the following questions about your peer's use of alcohol to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

About how old was your peer the first time he/she had a drink of beer, wine, wine coolers, or hard liquor when not with his/her parents or other adults in his/her family? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, on average, how frequently did your peer drink alcohol?

- Never
- Less than once a month
- 1-4 times each MONTH
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

- 1-3 times each WEEK

During the LAST 12 MONTHS, when your peer would drink, how many drinks would he/she usually have each time? (1 drink is a glass of wine, a can of beer, a wine cooler, a shot of liquor, or a mixed drink with liquor in it.) *(If you prefer not to answer, you may enter 9999)*

During the LAST 12 MONTHS, how frequently did your peer drink five or more drinks in a row?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 12 MONTHS, how frequently did your peer get drunk (or "very, very high" on alcohol)?

- Never
- Less than once a month
- 1-4 times each MONTH
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

- 1-3 times each WEEK

During the LAST 30 DAYS, on how many days did he/she drink alcohol? *(Enter "0" if he/she has never drunk alcohol in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

During the LAST 30 DAYS, on how many days did he/she drink five or more drinks in a row? *(Enter "0" if he/she has never drunk alcohol in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

During the LAST 30 DAYS, on how many days did he/she get drunk (or "very, very high" on alcohol)? *(Enter "0" if he/she has never drunk alcohol in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

In YOUR PEER'S LIFETIME, what is the most number of drinks you expect that he/she has consumed in a single day? *(If you prefer not to answer, you may enter 9999)*

Which type of beverage does your peer drink most often?

- | | |
|---------------------------------------|--|
| <input type="radio"/> Beer | <input type="radio"/> Mixed drinks |
| <input type="radio"/> Wine | <input type="radio"/> Whatever is available |
| <input type="radio"/> Wine coolers | <input type="radio"/> I prefer not to answer |
| <input type="radio"/> Straight liquor | |

During the LAST 12 MONTHS, how many times has your peer had problems at school, with school work, or at work because he/she had been drinking?

Never (as far as I know)	Once or twice	3-5 times	6-10 times	11-20 times	More than 20 times	I prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 12 MONTHS, how many times has your peer had problems with his/her friends because he/she had been drinking?

Never (as far as I know)	Once or twice	3-5 times	6-10 times	11-20 times	More than 20 times	I prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 12 MONTHS, how many times has your peer had problems with his/her partner (boyfriend, girlfriend, wife, husband) because he/she had been drinking?

Never (as far as I know)	Once or twice	3-5 times	6-10 times	11-20 times	More than 20 times	I prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 12 MONTHS, how many times did your peer do something he/she later regretted because he/she had been drinking?

Never (as far as I know)	Once or twice	3-5 times	6-10 times	11-20 times	More than 20 times	I prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 12 MONTHS, how many times was your peer hungover?

Never (as far as I know)	Once or twice	3-5 times	6-10 times	11-20 times	More than 20 times	I prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 12 MONTHS, how many times has your peer had problems with his/her partner (boyfriend, girlfriend, wife, husband) because he/she had been drinking?

Never (as far as I know)	Once or twice	3-5 times	6-10 times	11-20 times	More than 20 times	I prefer not to answer
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 12 MONTHS, how many times was he/she sick to his/her stomach or threw up after drinking?

- | | | | | | | |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Never (as far as I know) | Once or twice | 3-5 times | 6-10 times | 11-20 times | More than 20 times | I prefer not to answer |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the LAST 12 MONTHS, how many times did your peer get into a sexual situation that he/she later regretted because he/she had been drinking?

- | | | | | | | |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Never (as far as I know) | Once or twice | 3-5 times | 6-10 times | 11-20 times | More than 20 times | I prefer not to answer |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

During the LAST 12 MONTHS, how many times did your peer get into a physical fight because he/she had been drinking?

- | | | | | | | |
|--------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|
| Never (as far as I know) | Once or twice | 3-5 times | 6-10 times | 11-20 times | More than 20 times | I prefer not to answer |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Of your peer's 3 best friends (including you), how many drink alcohol every day?

- None
- 1 friend
- 2 friends
- 3 friends
- I prefer not to answer

Has your peer ever neglected his/her usual responsibilities when binge drinking?

- | | | |
|-----------------------|-----------------------|------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yes | No/Not that I know of | I prefer not to answer |

Please answer the following questions about your peer's use of the following drugs to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

F. Marijuana Section *[If you believe that your peer has never used marijuana or hashish, please skip this section and continue below (Stimulants Section).]*

About how old was your peer when he/she tried marijuana (grass, weed, pot) or hashish for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use marijuana or hashish?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use marijuana or hashish? *(Enter "0" if he/she has used marijuana or hashish in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

Of your peer's 3 best friends (including you), how many use marijuana or hashish at least once a month?

- None
- 1 friend
- 2 friends
- 3 friends
- I prefer not to answer

G. Stimulants Section *[If you believe that your peer has never used any stimulant, please skip to page 34 (Sedatives Section).]*

About how old was your peer when he/she tried any kind of stimulant or amphetamine (not including cocaine) for the first time? Examples include drugs such as Benzadrine, Methamphetamine, Ephedrine, speed, diet pills, etc. *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use stimulants or amphetamines?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use stimulants or amphetamines?

(Enter "0" if he/she has never used stimulants or amphetamines in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

H. Sedative Section *[If you believe that your peer has never used any sedative, please skip this section and continue below (Cocaine/Crack Section).]*

About how old was your peer when he/she tried sedatives or tranquilizers for the first time? Examples include sleeping pills, barbiturates, Seconal, Librium, Valium, Xanax, Ativan, Quaaludes, etc. *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use sedatives/tranquilizers?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use sedatives/tranquilizers? *(Enter "0" if he/she has never used sedatives/tranquilizers in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

I. Cocaine/Crack Section *[If you believe that your peer has never used cocaine or crack, please skip to page 35 (Heroin Section).]*

About how old was your peer when he/she tried any kind of cocaine or crack for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use cocaine or crack?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use cocaine or crack? *(Enter "0" if he/she has never used cocaine or crack in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

J. Heroin Section *[If you believe that your peer has never used heroin, please skip this section and continue below (Oxycontin Section).]*

About how old was your peer when he/she tried any kind of heroin for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use heroin?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use heroin? *(Enter "0" if he/she has never used heroin in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

K. Oxycontin Section *[If you believe that your peer has never used oxycontin, please skip to page 36 (Opiates Section).]*

About how old was your peer when he/she tried any kind of oxycontin for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use oxycontin?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use oxycontin? (Enter "0" if he/she has never used oxycontin in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

Opiates Section [If you believe that your peer has never used opiates, please skip this section and continue below (PCP/Angel Dust Section).]

About how old would you say your peer was when he/she tried opiates for the first time? Examples include methadrone, opium, morphine, codeine, Percodan, Darvon, Dilaudid, Demerol, Talwin, etc. (Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)

During the LAST 12 MONTHS, how frequently did your peer use opiates?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use opiates? (Enter "0" if he/she has never used opiates in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

L. PCP/Angel Dust Section [If you believe that your peer has never used PCP or Angel Dust, please skip to page 37 (Ecstasy/MDMA Section).]

About how old was your peer when he/she tried PCP or angel dust for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use PCP or angel dust?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use PCP or angel dust? *(Enter "0" if he/she has never used PCP or angel dust in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

M. Ecstasy/MDMA Section *[If you believe that your peer has never used ecstasy or MDMA, please skip this section and continue below (Hallucinogen Section).]*

About how old was your peer when he/she tried ecstasy or MDMA for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use ecstasy or MDMA?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use ecstasy or MDMA? *(Enter "0" if he/she has never used ecstasy or MDMA in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

N. Hallucinogen Section *[If you believe that your peer has never used any hallucinogen, please skip to page 38 (Amyl Nitrate/Poppers Section).]*

About how old was your peer when he/she tried hallucinogens for the first time? Examples include LSD, acid, mescaline, peyote, DMT, psilocybin, etc. (Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)

During the LAST 12 MONTHS, how frequently did your peer use hallucinogens?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use hallucinogens? (Enter "0" if he/she has never used hallucinogens in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

O. Amyl Nitrate/Poppers Section [If you believe that your peer has never used amyl nitrate or poppers, please skip this section and continue below (Steroid Section).]

About how old was your peer when he/she tried amyl nitrate or poppers for the first time? Examples include whippets, odorizers, rush, etc (Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)

During the LAST 12 MONTHS, how frequently did your peer use amyl nitrate or poppers?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use amyl nitrate or poppers? (Enter "0" if he/she has never used amyl nitrate or poppers in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)

P. Steroid Section *[If you believe that your peer has never used any steroid, please skip to page 39 (Rohypnol Section).]*

About how old was your peer when he/she tried steroids for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use steroids?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use steroids? *(Enter "0" if he/she has never used steroids in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

Q. Rohypnol Section *[If you believe that your peer has never used rohypnol, please skip this section and continue below (Inhalants Section).]*

About how old was your peer when he/she tried rohypnol (or rophies or roofies) for the first time? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use rohypnol?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she use rohypnol? *(Enter "0" if he/she has never used rohypnol in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

R. Inhalants Section *[If you believe that your peer has never used an inhalant, please skip to page 40 (Additional Questions about Drug Use Section).]*

About how old was your peer when he/she tried any kind of inhalants for the first time?
Examples include glue, cleaning fluid, gasoline, or paint to get high, etc. *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did your peer use inhalants?

- | | |
|--|--|
| <input type="radio"/> Never | <input type="radio"/> 4-6 times each WEEK |
| <input type="radio"/> Less than once a month | <input type="radio"/> Almost every day of the week |
| <input type="radio"/> 1-4 times each MONTH | <input type="radio"/> I prefer not to answer |
| <input type="radio"/> 1-3 times each WEEK | |

During the LAST 30 DAYS, how many times did he/she use inhalants? *(Enter "0" if he/she has never used inhalants in the last 30 days that you know of. If you prefer not to answer, you may enter 9999)*

Additional Questions about Drug Use

Please answer the following questions about your peer's behaviors to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

Has your peer EVER driven a car, truck or motorcycle after he/she had been drinking or had used drugs?

- | | | |
|-----------------------|-----------------------|------------------------|
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Yes | No | I prefer not to answer |

During the LAST 12 MONTHS, how frequently has he/she driven a car, truck or motorcycle after doing the following:

- | | | | | | | | |
|-------|---------------|---------------------------|----------------------|---------------------|---------------------|------------------------------|------------------------|
| Never | Once or twice | Less than once each MONTH | 1-4 times each MONTH | 1-3 times each WEEK | 4-6 times each WEEK | Almost every day of the week | I prefer not to answer |
|-------|---------------|---------------------------|----------------------|---------------------|---------------------|------------------------------|------------------------|

Drinking alcohol or using drugs

Having 5 or more drinks in a row

During the LAST 30 DAYS, how many times has he/she driven a car, truck or motorcycle after drinking alcohol or using drugs? (If you prefer not to answer, you may enter 9999)

During the LAST 30 DAYS, how many times has he/she driven a car, truck or motorcycle after having 5 or more drinks in a row? (If you prefer not to answer, you may enter 9999)

Has your peer EVER been a PASSENGER in a car, truck or motorcycle driven by someone who had been drinking or who had used drugs prior to driving?

Yes No I prefer not to answer

During the LAST 12 MONTHS, how frequently has your peer been a PASSENGER in a car, truck or motorcycle after the driver had been doing the following:

	Never	Once or twice	Less than once each MONTH	1-4 times each MONTH	1-3 times each WEEK	4-6 times each WEEK	Almost every day of the week	I prefer not to answer
When the driver had been drinking or using drugs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
When you think the driver had 5 or more drinks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

During the LAST 30 DAYS, how many times has your peer been a PASSENGER in a car, truck or motorcycle when the driver had been drinking or using drugs? (If you prefer not to answer, you may enter 9999)

During the LAST 30 DAYS, how many times has your peer been a PASSENGER in a car, truck or motorcycle when you think the driver had 5 or more drinks? (If you prefer not to answer, you may enter 9999)

During your peer's lifetime, has he/she EVER injected (shot up with a needle) any illegal drug, such as heroin or cocaine?

- Yes
 No
 I prefer not to answer

[If the answer is "No", please indicate as such and skip to page 43 (DIS IV Section).]

Please answer the following questions about your peer's use of needles to the best of your knowledge. We understand that you may not know exactly the accurate response, but please attempt to answer each question as well as you can.

How often has your peer taken a drug (such as cocaine or heroin, etc.) using a needle?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

About how old was he/she the first time he/she took an illegal drug using a needle (injected any drug)? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

During the LAST 12 MONTHS, how frequently did he/she take an illegal drug using a needle?

- Never
- Less than once a month
- 1-4 times each MONTH
- 1-3 times each WEEK
- 4-6 times each WEEK
- Almost every day of the week
- I prefer not to answer

During the LAST 30 DAYS, how many times did he/she take an illegal drug using a needle? *(Please enter 9999 if you don't know how old he/she was or if you prefer not to answer)*

Does he/she own his/her own needle and syringe or works?

- Yes
- No
- I prefer not to answer

Has he/she EVER shared a needle and syringe with another person?

- Yes
- No
- I prefer not to answer

Does he/she ALWAYS bleach/sterilize the needle and syringe before using them?

- Yes
- No
- I prefer not to answer

DIS IV

Alcohol Items

During the LAST 12 MONTHS, how frequently has your peer neglected his/her usual responsibilities because of binge drinking?

- Never
 4-6 times each WEEK
 Less than once a month
 Almost every day of the week
 1-4 times each MONTH
 I prefer not to answer
 1-3 times each WEEK

Did he/she continue to drink after realizing that his/her drinking caused him/her problems or caused him/her to neglect usual responsibilities?

- Yes
 No
 Does not apply
 I prefer not to answer

Did he/she ever drink most days (i.e., for a month or more) once realizing that his/her drinking was causing problems or causing him/her to neglect usual responsibilities?

- Yes
 No
 Does not apply
 I prefer not to answer

Has he/she ever accidentally injured him-/herself while drinking or after drinking (for example, had a bad fall or gotten badly cut)?

- Yes
 No
 I prefer not to answer

How many times has he/she accidentally injured him-/herself when drinking? *(Enter "0" if he/she has never had a drink or never injured him-/herself while drinking. If you prefer not to answer, you may enter 9999)*

Has you peer OFTEN been very drunk (or high from drinking) in a situation where it increased his/her chances of getting hurt (for example, when driving a car or boat; using knives, machinery, or guns; crossing against traffic; climbing or swimming)?

- Yes
 No
 I prefer not to answer

Has his/her drinking or being hungover OFTEN kept him/her from household chores or taking care of children?

- Yes No I prefer not to answer

Has his/her drinking or being hungover caused him/her to OFTEN miss work, lose a promotion, or get fired?

- Yes No I prefer not to answer

Has he/she OFTEN drunk more or for a longer period of time than he/she intended?

- Yes No I prefer not to answer

Drug Items

[If you don't believe your peer has EVER tried ANY drug (this includes marijuana), please skip to page 45 (Parenting Section). Otherwise, please continue.]

Has your peer EVER spent a great deal of time getting, using or getting over the effects of any drug?

- Yes No I prefer not to answer

Has it ever taken him/her as long as a month to get over the effects of a drug once he/she stopped using it?

- Yes No I prefer not to answer

Has he/she often used a drug in larger amounts or used it for longer periods of time than he/she intended?

- Yes No I prefer not to answer

Has the usage of any drug in larger amounts or for longer periods than he/she intended occurred repeatedly over longer periods of time?

- Yes No I prefer not to answer

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"/>