

Key Definitions for the 2012 Mental Health Detailed Tables and Mental Health Findings Report

This glossary provides definitions for many of the measures and terms used in these tables and in the mental health findings report¹ from the 2012 National Survey on Drug Use and Health (NSDUH). Where relevant, cross-references also are provided. For some key terms, specific question wording is provided for clarity. In some situations, information also is included about specific gate questions. In many instances, a gate question is the first question in a series of related questions. How a respondent answers the gate question affects whether the respondent is asked additional questions in that section of the interview or is routed to the next section of the interview. In some sections of the interview, respondents may be asked more than one gate question to determine whether they are asked additional questions in that section or are routed to the next section.

Abuse

Abuse of illicit drugs or alcohol was defined as meeting one or more of the four criteria for abuse included in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV)² and if the definition for dependence was not met for that substance. Additional criteria for alcohol and marijuana abuse include the use of these substances on 6 or more days in the past 12 months. These questions for measuring dependence or abuse for illicit drugs or alcohol have been included in the survey since 2000. Responses to the dependence or abuse questions based only on the past year use of methamphetamine, Ambien[®], Adderall[®], or specific hallucinogens from the routing patterns added between 2005 and 2008 were not included in these abuse and dependence measures to maintain the comparability of estimates over time. See Section B.4.1 in Appendix B of the 2012 mental health findings report for additional details.³

SEE: "Dependence," "Illicit Drugs," and "Prevalence."

Age

Age of the respondent was defined as "age at time of interview." The interview program calculated the respondent's age from the date of birth and interview date. The interview program prompts the interviewer to confirm the respondent's age after it has been calculated.

¹ Available at <http://www.samhsa.gov/data/>.

² American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (DSM-IV). Washington, DC: Author.

³ See footnote 1.

Alcohol Use

Measures of use of alcohol in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last drank an alcoholic beverage?" The question about recency of use was asked if respondents previously reported any use of alcohol in their lifetime.

The following information preceded the question about lifetime alcohol use: "The next questions are about alcoholic beverages, such as beer, wine, brandy, and mixed drinks. Listed on the next screen are examples of the types of beverages we are interested in. Please review this list carefully before you answer these questions. These questions are about drinks of alcoholic beverages. Throughout these questions, by a 'drink,' we mean a can or bottle of beer, a glass of wine or a wine cooler, a shot of liquor, or a mixed drink with liquor in it. We are not asking about times when you only had a sip or two from a drink."

SEE: "Binge Use of Alcohol," "Current Use," "Heavy Use of Alcohol," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Alternative Service Professional

An alternative service professional was defined as a religious or spiritual advisor (e.g., minister, priest, or rabbi), herbalist, chiropractor, acupuncturist, or massage therapist.

SEE: "Health Professional," "Treatment for Depression," and "Treatment for Major Depressive Episode."

American Indian or Alaska Native

American Indian or Alaska Native only, not of Hispanic, Latino, or Spanish origin including North American, Central American, or South American Indian. Does not include respondents reporting two or more races. Respondents reporting that they were American Indians or Alaska Natives and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

Any Mental Illness (AMI)

SEE: "Mental Illness."

Asian

Asian only, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were Asian and of Hispanic, Latino, or Spanish origin were classified as Hispanic. Specific Asian groups that were

asked about were Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and "Other Asian."

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

Binge Use of Alcohol

Binge use of alcohol was defined for both males and females as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Respondents were asked about the number of days they had five or more drinks on the same occasion if they reported last using any alcohol in the past 30 days based on the following question: "How long has it been since you last drank an alcoholic beverage?"

SEE: "Alcohol Use" and "Heavy Use of Alcohol."

Black

Black/African American only, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were black or African American and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

Cigar Use

Measures of use of cigars, including big cigars, cigarillos, and little cigars that look like cigarettes, in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigar use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of any type of cigar?" and "How long has it been since you last smoked part or all of any type of cigar?" Responses to noncore questions about use of cigars with marijuana in them (blunts) were not included in these measures to maintain the comparability of estimates over time. Questions about use of cigars in the past 30 days or the most recent use of cigars (if not in the past 30 days) were asked if respondents previously reported any use of cigars in their lifetime.

SEE: "Cigarette Use," "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Smokeless Tobacco Use," and "Tobacco Product Use."

Cigarette Use

Measures of use of cigarettes in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about cigarette use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past

30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you smoked part or all of a cigarette?" and "How long has it been since you last smoked part or all of a cigarette?" Questions about use of cigarettes in the past 30 days or the most recent use of cigarettes (if not in the past 30 days) were asked if respondents previously reported that they smoked part or all of a cigarette in their lifetime.

SEE: "Cigar Use," "Current Use," "Lifetime Use," "Past Month Daily Cigarette Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," "Smokeless Tobacco Use," and "Tobacco Product Use."

Cocaine Use

Measures of use of cocaine, including powder, crack, free base, and coca paste, in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any form of cocaine?" The question about recency of use was asked if respondents previously reported any use of cocaine in their lifetime.

SEE: "Crack Use," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

College Enrollment Status

This measure was developed only for college-aged respondents aged 18 to 22 based on answers to questions about current or upcoming enrollment in school, and (if applicable) whether respondents were full- or part-time students, and the grade that they were or will be attending. Respondents in this age group were classified either as full-time college students or as some other status, which included respondents not enrolled in school, enrolled in college part time, enrolled in other grades either full time or part time, or enrolled with no other information available. Respondents were classified as full-time college students if they reported that they were attending or will be attending their first through fifth or higher year of college or university and that they were or will be a full-time student. Respondents whose current enrollment status was unknown were excluded from this measure.

Core

The NSDUH interview includes two types of sections or modules: (a) core and (b) noncore. A core set of questions critical for basic trend measurement of prevalence estimates remains relatively unchanged in the survey every year and comprises the first part of the interview. Noncore questions, or modules, can be revised, dropped, or added from year to year and make up the latter part of

the interview. The core consists of initial interviewer-administered demographic items and self-administered questions pertaining to the use of tobacco, alcohol, marijuana, cocaine, crack cocaine, heroin, hallucinogens, inhalants, prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives.

SEE: "Noncore."

County Type

County type is based on the "Rural/Urban Continuum Codes" developed in 2003 by the U.S. Department of Agriculture.⁴ All U.S. counties and county equivalents were grouped based on revised definitions of metropolitan statistical areas (MSAs) and new definitions of micropolitan statistical areas as defined by the Office of Management and Budget in June 2003.⁵ Large MSAs (large metro) have a total population of 1 million or more. Small MSAs (small metro) have a total population of fewer than 1 million. Nonmetropolitan (nonmetro) areas include counties in micropolitan statistical areas as well as counties outside of both metropolitan and micropolitan statistical areas. Nonmetro counties with a population of 20,000 or more in urbanized areas are classified as "urbanized," nonmetro counties with a population of at least 2,500 but fewer than 20,000 in urbanized areas are classified as "less urbanized," and nonmetro counties with a population of fewer than 2,500 in urbanized areas are classified as "completely rural." The terms "urbanized," "less urbanized," and "completely rural" for counties are not based on the relative proportion of the county population in urbanized areas, but rather on the absolute size of the population in urbanized areas. For example, some counties classified as "less urbanized" had over 50 percent of the county population residing in urbanized areas, but this represented fewer than 20,000 people in the county. Population counts used are from the 2000 census representing the resident population.

Crack Use

Crack is defined as cocaine that is used in rock or chunk form. Measures of use of crack cocaine in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *crack*?" The question about recency of use was asked if respondents previously reported use of cocaine in any form and specifically any use of crack in their lifetime. Respondents who

⁴ These codes are updated periodically and are available at <http://ers.usda.gov/topics/rural-economy-population/rural-classifications.aspx> by clicking on that page's link to the "Rural/Urban Continuum Codes."

⁵ Office of Management and Budget. (2003, June 6). *Revised definitions of metropolitan statistical areas, new definitions of micropolitan statistical areas and combined statistical areas, and guidance on uses of the statistical definitions of these areas* (OMB Bulletin No. 03-04). Washington, DC: The White House.

reported that they never used any form of cocaine were logically defined as never having used crack.

SEE: "Cocaine Use," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Current Use

Any reported use of a specific substance in the past 30 days (also referred to as past month use).

SEE: "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Dependence

Dependence on illicit drugs or alcohol was defined as meeting three out of seven dependence criteria for substances that included questions to measure a withdrawal criterion. For substances that did not include withdrawal questions, dependence was defined as meeting three out of six dependence criteria for that substance. Dependence was defined based on criteria included in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).⁶ Additional criteria for alcohol and marijuana dependence since 2000 included the use of these substances on 6 or more days in the past 12 months. Responses to the dependence or abuse questions based only on the past year use of methamphetamine, Ambien[®], Adderall[®], or specific hallucinogens from the routing patterns added between 2005 and 2008 were not included in these measures. See Section B.4.1 in Appendix B of the 2012 mental health findings report for additional details.⁷

SEE: "Abuse" and "Prevalence."

Depression

SEE: "Major Depressive Episode (MDE)."

Distress

SEE: "Kessler-6 (K6) Scale."

Ecstasy Use

Measures of use of Ecstasy or MDMA (methylenedioxy-methamphetamine) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used *Ecstasy*, also known as MDMA?" The question about recency of use was asked if respondents previously reported any use of Ecstasy or MDMA in their lifetime.

⁶ See footnote 2.

⁷ See footnote 1.

SEE: "Current Use," "Hallucinogen Use," "Lifetime Use," "LSD Use," "Past Month Use," "Past Year Use," "PCP Use," "Prevalence," and "Recency of Use."

Education

This is the measure of educational attainment among respondents who are aged 18 or older. It is based on respondents' reports of their highest grade or year of school that they completed. Response options were presented in terms of single years of education, ranging from 0 if respondents never attended school to 17 if respondents completed 5 or more years at the college or university level. Respondents were classified into four categories based on their answers: less than high school, high school graduate, some college, and college graduate. Persons indicating having completed the 12th grade were classified as high school graduates, and persons who indicated completing 4 or more years at the college or university level were defined as being college graduates.

Employment

Respondents were asked to report whether they worked in the week prior to the interview, and if not, whether they had a job despite not working in the past week. Respondents who worked in the past week or who reported having a job despite not working were asked whether they usually work 35 or more hours per week. Respondents who did not work in the past week but had a job were asked to look at a card that described why they did not work in the past week despite having a job. Respondents who did not have a job in the past week were asked to look at a different card that described why they did not have a job in the past week.

Full-time "Full-time" includes respondents who usually work 35 or more hours per week and who worked in the past week or had a job despite not working in the past week.

Part-time "Part-time" includes respondents who usually work fewer than 35 hours per week and who worked in the past week or had a job despite not working in the past week.

Unemployed "Unemployed" refers to respondents who did not have a job and were looking for work or who were on layoff. For consistency with the Current Population Survey definition of unemployment, respondents who reported that they did not have a job but were looking for work needed to report making specific efforts to find work in the past 30 days, such as sending out resumes or applications, placing ads, or answering ads.

Other "Other" includes all responses defined as not being in the labor force, including being a student, keeping house or caring for children full time, retired, disabled, or other miscellaneous work statuses. Respondents who reported that they did not have a job and did not want one also were classified as not being in the labor force. Similarly, respondents who reported not having a job and looking for work also were classified as not being in the labor force if they did not report making specific efforts to find work in the past 30 days. Those respondents who reported having no job and provided no additional information could not have their labor force status determined and were therefore assigned to the "Other" employment category.

Ethnicity SEE: "Race/Ethnicity."

Ever Use SEE: "Lifetime Use."

Family Income Family income was estimated by asking respondents about their total personal income and total family income, based on the following questions: "Of these income groups, which category best represents (your /SAMPLE MEMBER's) total personal income during [the previous calendar year]?" and "Of these income groups, which category best represents (your/SAMPLE MEMBER's) total combined family income during [the previous calendar year]?"

Family was defined as any related member in the household, including all foster relationships and unmarried partners (including same-sex partners). It excluded roommates, boarders, and other nonrelatives.

NOTE: If no other family members were living with the respondent, total family income was based on information about the respondent's total personal income. For youths aged 12 to 17 and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

Functional Impairment Functional impairment refers to interference in a person's daily functioning or limitations in carrying out one or more major life activities. The Global Assessment of Functioning (GAF) allows

mental health clinicians to assess a person's level of impairment because of a diagnosable mental, behavioral, or emotional disorder. See Section B.4.3 in Appendix B of the 2012 mental health findings report for more details about how functional impairment is assessed for adults in NSDUH.⁸

SEE: "Global Assessment of Functioning (GAF)," "Mental Illness," "Sheehan Disability Scale (SDS)," and "World Health Organization Disability Assessment Schedule (WHODAS)."

Global Assessment of Functioning (GAF)

As indicated in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV),⁹ mental health clinicians use the Global Assessment of Functioning (GAF) to consider a person's psychological, social, and occupational functioning on a hypothetical continuum. When adequate information is available, numeric ratings for the GAF range from 1 to 100. Lower values on the rating scale indicate a greater extent of impairment due to the presence of a diagnosable mental, behavioral, or emotional disorder. In clinical interviews that were conducted with a subset of adult NSDUH respondents, clinicians rated respondents' worst period of functioning in the past 12 months. Clinicians do not include impairment in functioning due to physical or environmental limitations.

SEE: "Mental Illness," "Sheehan Disability Scale (SDS)," and "World Health Organization Disability Assessment Schedule (WHODAS)."

Hallucinogen Use

Measures of use of hallucinogens in the respondent's lifetime, the past year, and the past month were developed from responses to the core question about recency of use: "How long has it been since you last used any hallucinogen?" The question about recency of use was asked if respondents previously reported any use of hallucinogens in their lifetime. Responses to noncore questions about the use of the following drugs, which were added to the survey in 2006, were not included in these measures: ketamine, DMT (dimethyltryptamine), AMT (alpha-methyltryptamine), 5-MeO-DIPT (N, N-diisopropyl-5-methoxytryptamine, also known as "Foxy"), and *Salvia divinorum*.

Respondents were asked a series of gate questions about any use of specific hallucinogens in their lifetime. These gate questions were

⁸ See footnote 1.

⁹ See footnote 2.

preceded by the following information about hallucinogens:
"The next questions are about substances called hallucinogens.
These drugs often cause people to see or experience things that are
not real."

Gate questions asked whether respondents ever used the following
hallucinogens, even once: (a) LSD, also called "acid"; (b) PCP,
also called "angel dust" or phencyclidine; (c) peyote;
(d) mescaline; (e) psilocybin, found in mushrooms; (f) "Ecstasy,"
also known as MDMA; and (g) any other hallucinogen besides the
ones that have been listed.

SEE: "Core," "Current Use," "Ecstasy Use," "Lifetime Use,"
"LSD Use," "Noncore," "Past Month Use," "Past Year
Use," "PCP Use," "Prevalence," and "Recency of Use."

Health Insurance Status

A series of questions was asked to identify whether respondents
currently were covered by Medicare, Medicaid, the State
Children's Health Insurance Program (SCHIP), military health care
(such as TRICARE or CHAMPUS), private health insurance, or
any kind of health insurance (if respondents reported not being
covered by any of the above). If respondents did not currently have
health insurance coverage, questions were asked to determine the
length of time they were without coverage and the reasons for not
being covered.

NOTE: For youths aged 12 to 17 and those respondents who were
unable to respond to the insurance or income questions,
proxy responses were accepted from a household member
identified as being better able to give the correct
information about insurance and income.

SEE: "Medicaid" and "Medicare."

Health Professional

A health professional was defined as any of the following types of
medical doctors or other professionals: general practitioner or
family doctor; other medical doctor (e.g., cardiologist,
gynecologist, urologist); psychologist; psychiatrist or
psychotherapist; social worker; counselor; other mental health
professional (e.g., mental health nurse or other therapist where type
is not specified); and nurse, occupational therapist, or other health
professional.

SEE: "Alternative Service Professional," "Treatment for
Depression" and "Treatment for Major Depressive
Episode."

Heavy Use of Alcohol

Heavy use of alcohol was defined for both males and females as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on each of 5 or more days in the past 30 days. Heavy alcohol users also were defined as binge users of alcohol. Respondents were asked about the number of days they had five or more drinks on the same occasion if they reported last using any alcohol in the past 30 days based on the following question: "How long has it been since you last drank an alcoholic beverage?"

SEE: "Alcohol Use" and "Binge Use of Alcohol."

Heroin Use

Measures of use of heroin in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used heroin?" The question about recency of use was asked if respondents previously reported any use of heroin in their lifetime.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Hispanic

Hispanic was defined as anyone of Hispanic, Latino, or Spanish origin. Respondents were classified as Hispanic in the race/ethnicity measure regardless of race.

SEE: "American Indian or Alaska Native," "Asian," "Black," "Native Hawaiian or Other Pacific Islander," "Race/Ethnicity," "Two or More Races," and "White."

Illicit Drugs

Illicit drugs include marijuana or hashish, cocaine (including crack), heroin, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), inhalants, or prescription-type psychotherapeutics used nonmedically, which include pain relievers, tranquilizers, stimulants, and sedatives. Illicit drug use refers to use of any of these drugs based on responses to questions only in the core sections and *does not* include data from the noncore methamphetamine items that were added in 2005 and 2006. Responses to questions about the use of the following drugs, which were added to the survey beginning in 2006, were also not included in these measures: GHB (gamma hydroxybutyrate), Adderall[®], Ambien[®], nonprescription cough or cold medicines, ketamine, DMT (dimethyltryptamine), AMT (alpha-methyltryptamine), 5-MeO-DIPT (N, N-diisopropyl-5-methoxytryptamine, also known as "Foxy"), and *Salvia divinorum*.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Psychotherapeutic Drugs," and "Recency of Use."

Illicit Drugs Other Than Marijuana

These drugs include cocaine (including crack), heroin, hallucinogens (including phencyclidine [PCP], lysergic acid diethylamide [LSD], and Ecstasy [MDMA]), inhalants, or prescription-type psychotherapeutics used nonmedically, which include pain relievers, tranquilizers, stimulants, and sedatives. This measure includes marijuana users who used any of the above drugs in addition to using marijuana, as well as users of those drugs who have not used marijuana. The measure for illicit drugs other than marijuana is defined based on responses to questions only in the core sections and *does not* include responses based on the noncore methamphetamine items that were added in 2005 and 2006. Responses to questions about the use of the following drugs, which were added to the survey beginning in 2006, were also not included in these measures: GHB (gamma hydroxybutyrate), Adderall[®], Ambien[®], nonprescription cough or cold medicines, ketamine, DMT (dimethyltryptamine), AMT (alpha-methyltryptamine), and 5-MeO-DIPT (N, N-diisopropyl-5-methoxytryptamine, also known as "Foxy"), and *Salvia divinorum*.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Psychotherapeutic Drugs," and "Recency of Use."

Income

SEE: "Family Income."

Inhalant Use

Measures of use of inhalants in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any inhalant for kicks or to get high?" The question about recency of use was asked if respondents previously reported any use of inhalants in their lifetime.

Respondents were asked a series of gate questions about any use of specific inhalants in their lifetime. These gate questions were preceded by the following information about inhalants: "These next questions are about liquids, sprays, and gases that people sniff or inhale to get high or to make them feel good. We are not interested in times when you inhaled a substance accidentally — such as when painting, cleaning an oven, or filling a car with gasoline."

Gate questions asked whether respondents ever inhaled the following substances, even once, for kicks or to get high: (a) amyl nitrite, "poppers," locker room odorizers, or "rush"; (b) correction fluid, degreaser, or cleaning fluid; (c) gasoline or lighter fluid; (d) glue, shoe polish, or toluene; (e) halothane, ether, or other anesthetics; (f) lacquer thinner or other paint solvents; (g) lighter gases, such as butane or propane; (h) nitrous oxide or "whippits"; (i) spray paints; (j) some other aerosol spray; and (k) any other inhalants besides the ones that have been listed.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Kessler-6 (K6) Scale

The Kessler-6 (K6) scale consists of six questions that gather information on how frequently adult respondents experienced symptoms of psychological distress during the past month or the one month in the past year when they were at their worst emotionally.¹⁰ These questions ask about the frequency of feeling (1) nervous, (2) hopeless, (3) restless or fidgety, (4) sad or depressed, (5) that everything was an effort, and (6) no good or worthless. Since 2008, adult respondents have first been asked about these symptoms for the past 30 days. Adults are then asked if they had a period in the past 12 months when they felt more depressed, anxious, or emotionally stressed than they felt during the past 30 days. If so, they are asked the K6 questions for the one month in the past 12 months when they felt the worst. Responses to these six questions for the past 30 days and (if applicable) the past 12 months are coded and summed to produce a score ranging from 0 to 24; if respondents are asked the K6 questions for both the past 30 days and past 12 months, the higher of the two scores is chosen as the final score. Higher K6 total scores indicate greater distress. The K6 scale does not directly measure the presence of a diagnosable mental, behavioral, or emotional disorder, nor does it capture information on functional impairment; both of these separate measures are used in models that predict whether a respondent can be categorized as having serious mental illness (SMI). See Section B.4.3 in Appendix B of the 2012 mental health findings report for more information about the K6 and its scoring, as well as the development of SMI prediction models.¹¹

SEE: "Global Assessment of Functioning (GAF)," "Mental Illness," "Serious Psychological Distress (SPD)," "Sheehan Disability Scale (SDS)," and "World Health

¹⁰ Kessler, R. C., Barker, P. R., Colpe, L. J., Epstein, J. F., Gfroerer, J. C., Hiripi, E., Howes, M. J., Normand, S. L., Manderscheid, R. W., Walters, E. E., & Zaslavsky, A. M. (2003). Screening for serious mental illness in the general population. *Archives of General Psychiatry*, 60, 184-189.

¹¹ See footnote 1.

Organization Disability Assessment Schedule
(WHODAS)."

Large Metro

SEE: "County Type."

Lifetime Use

Lifetime use indicates use of a specific substance at least once in the respondent's lifetime. This measure includes respondents who also reported last using the substance in the past 30 days or past 12 months.

SEE: "Current Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Low (Mild) Mental Illness

SEE: "Mental Illness."

Low Precision

Prevalence estimates based on a relatively small number of respondents or with relatively large standard errors were not shown in the tables, but have been replaced with an asterisk (*) and noted as "low precision." These estimates have been omitted because one cannot place a high degree of confidence in their accuracy. Table B.2 in Appendix B of the 2012 mental health findings report includes a complete list of the rules used to determine low precision.¹²

LSD Use

Measures of use of lysergic acid diethylamide (LSD) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used LSD?" The question about recency of use was asked if respondents previously reported any use of LSD in their lifetime.

SEE: "Current Use," "Ecstasy Use," "Hallucinogen Use," "Lifetime Use," "Past Month Use," "Past Year Use," "PCP Use," "Prevalence," and "Recency of Use."

Major Depressive Episode (MDE)

A person was defined as having had a **lifetime** major depressive episode (MDE) if he or she reported at least five or more of the following nine symptoms in the same 2-week period in his or her lifetime, in which at least one of the symptoms was a depressed mood or loss of interest or pleasure in daily activities:
(1) depressed mood most of the day, nearly every day;
(2) markedly diminished interest or pleasure in all or almost all activities most of the day, nearly every day; (3) significant weight loss when not dieting or weight gain or decrease or increase in appetite nearly every day; (4) insomnia or hypersomnia nearly

¹² See footnote 1.

every day; (5) psychomotor agitation or retardation nearly every day; (6) fatigue or loss of energy nearly every day; (7) feelings of worthlessness nearly every day; (8) diminished ability to think or concentrate or indecisiveness nearly every day; and (9) recurrent thoughts of death or recurrent suicide ideation.

This definition is based on the definition found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).¹³ A person was defined as having an MDE **in the past year** if he or she (a) had a lifetime MDE; (b) had a period of time in the past 12 months when he or she felt depressed or lost interest or pleasure in daily activities for 2 weeks or longer; and (c) reported during this period of 2 weeks or longer in the past 12 months that he or she had "some of the other problems" that he or she reported for a lifetime MDE. Unlike the DSM-IV criteria, however, no exclusions were made in NSDUH for depressive symptoms caused by medical illness, bereavement, or substance use disorders.

Because of changes that were made in the 2008 NSDUH questionnaire, the comparability of MDE estimates over time was affected for adults. Adjusted MDE variables have been developed to allow trends in adult MDE to be reported for 2005 onward.¹⁴ More information on the comparability of MDE measures for adults can be found in Appendix I of the codebook for the 2011 NSDUH public use file.¹⁵

SEE: "Kessler-6 (K6) Scale," "Prevalence," "Severe Impairment due to Major Depressive Episode," "Sheehan Disability Scale (SDS)," and "World Health Organization Disability Assessment Schedule (WHODAS)."

Marijuana Use

Measures of use of marijuana in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used marijuana or hashish?" The question about recency of use was asked if respondents previously reported any use of marijuana or hashish in their lifetime. Responses to noncore questions about

¹³ See footnote 2.

¹⁴ Aldworth, J., Kott, P., Yu, F., Mosquin, P., & Barnett-Walker, K. (2012). Analysis of effects of 2008 NSDUH questionnaire changes: Methods to adjust adult MDE and SPD estimates and to estimate SMI in the 2005-2009 surveys. In *2010 National Survey on Drug Use and Health: Methodological resource book* (Section 16b, prepared for the Substance Abuse and Mental Health Services Administration under Contract No. HHSS283200800004C, Deliverable No. 39, RTI/0211838.108.005). Research Triangle Park, NC: RTI International.

¹⁵ Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration. (2012). *National Survey on Drug Use and Health: 2011 public use file and codebook*. Retrieved from <http://dx.doi.org/10.3886/JCPSR34481.v1>

use of cigars with marijuana in them (blunts) were not included in these measures.

The following information preceded the question about lifetime use of marijuana: "The next questions are about marijuana and hashish. Marijuana is also called pot or grass. Marijuana is usually smoked, either in cigarettes called joints, or in a pipe. It is sometimes cooked in food. Hashish is a form of marijuana that is also called *hash*. It is usually smoked in a pipe. Another form of hashish is hash oil."

SEE: "Core," "Current Use," "Illicit Drugs," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Medicaid

Medicaid is a public assistance program that pays for medical care for low-income and disabled persons. Respondents were asked specifically about the Medicaid program in the State where they lived. Respondents aged 12 to 19 were asked specifically about the State Children's Health Insurance Program (SCHIP) in their State. Respondents aged 12 to 19 who reported that they were covered by the SCHIP in their State also were classified as being covered by Medicaid. Respondents aged 65 or older who reported that they were covered by Medicaid were asked to verify that their answer was correct.

NOTE: For youths aged 12 to 17 and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Health Insurance Status" and "Medicare."

Medicare

Medicare is a health insurance program for persons aged 65 or older and for certain disabled persons. Respondents under the age of 65 who reported that they were covered by Medicare were asked to verify that their answer was correct.

NOTE: For youths aged 12 to 17 and those respondents who were unable to respond to the insurance or income questions, proxy responses were accepted from a household member identified as being better able to give the correct information about insurance and income.

SEE: "Health Insurance Status" and "Medicaid."

Mental Health Service Utilization

For adults aged 18 or older, mental health service utilization is defined as receiving treatment or counseling for any problem with emotions, nerves, or mental health in the 12 months prior to the interview in any inpatient or outpatient setting, or the use of prescription medication for treatment of any mental or emotional condition.

For youths aged 12 to 17, mental health service utilization is defined as receiving within the 12 months prior to the interview treatment or counseling for any emotional or behavioral problem in the specialty mental health setting (inpatient or outpatient services); an educational setting (school-based services); the general medical setting (pediatrician or family physician services); or the juvenile justice setting (juvenile detention center, prison, or jail).

Treatment for only a substance use problem is not included in estimates of mental health service utilization for adults or youths.

SEE: "Prevalence" and "Unmet Need for Mental Health Services."

Mental Health Treatment

SEE: "Mental Health Service Utilization" and "Treatment for Major Depressive Episode."

Mental Illness

Mental illness among persons aged 18 or older is defined according to two dimensions: (1) the presence of a diagnosable mental, behavioral, or emotional disorder in the past year (excluding developmental and substance use disorders) of sufficient duration to meet diagnostic criteria specified within the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition (DSM-IV);¹⁶ and (2) the level of interference with or limitation of one or more major life activities resulting from a disorder (functional impairment). Adult NSDUH respondents' mental illness was determined based on a statistical model of a clinical diagnosis of mental illness and responses to questions in the main NSDUH interview on distress (Kessler-6 [K6] scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule [WHODAS]), past year major depressive episode (MDE), past year suicidal thoughts, and age. The model originally developed in 2008 was revised in 2012. See Section B.4.3 in Appendix B of the 2012 mental health findings report for additional details on model revisions and specifications.¹⁷

¹⁶ See footnote 2.

¹⁷ See footnote 1.

Mental illness, differentiated by the level of functional impairment, is defined as follows:

- Any** Any mental illness (AMI) among adults is defined as persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder as defined above, regardless of the level of impairment in carrying out major life activities. AMI is estimated based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on distress (Kessler-6 [K6] scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule [WHODAS]), past year major depressive episode (MDE), past year suicidal thoughts, and age.
- Low (mild)** Low (mild) mental illness among adults is defined as persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder as defined above, but resulting in no more than mild impairment in carrying out major life activities, based on clinical interview Global Assessment of Functioning (GAF) scores of greater than 59. Low (mild) mental illness is estimated based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on distress (Kessler-6 [K6] scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule [WHODAS]), past year major depressive episode (MDE), past year suicidal thoughts, and age.
- Moderate** Moderate mental illness among adults is defined as persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder as defined above and resulting in moderate impairment in carrying out major life activities, based on Global Assessment of Functioning (GAF) scores of 51 to 59. Moderate mental illness is estimated based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on distress (Kessler-6 [K6] scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule

[WHODAS]), past year major depressive episode (MDE), past year suicidal thoughts, and age.

Serious

Serious mental illness (SMI) among adults is defined in Public Law 102-321 as persons aged 18 or older who currently or at any time in the past year have had a diagnosable mental, behavioral, or emotional disorder and resulting in substantial impairment in carrying out major life activities.¹⁸ In NSDUH, a diagnosable mental, behavioral, or emotional disorder is defined as for the other mental illness categories described previously (i.e., based on the *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition [DSM-IV]¹⁹ and excluding developmental and substance use disorders); substantial impairment is defined based on Global Assessment of Functioning (GAF) scores of 50 or less. SMI is estimated based on a statistical model of a clinical diagnosis and responses to questions in the main NSDUH interview on distress (Kessler-6 [K6] scale), impairment (truncated version of the World Health Organization Disability Assessment Schedule [WHODAS]), past year major depressive episode (MDE), past year suicidal thoughts, and age.

SEE: "Global Assessment of Functioning (GAF)," "Kessler-6 (K6) Scale," "Major Depressive Episode (MDE)," "Prevalence," "Suicide," and "World Health Organization Disability Assessment Schedule (WHODAS)."

Methamphetamine Use

Measures of use of methamphetamine (also known as crank, crystal, ice, or speed), Desoxyn[®], or Methedrine[®] in the respondent's lifetime, the past year, and the past month were developed from responses to the core question about recency of use: "How long has it been since you last used methamphetamine, Desoxyn, or Methedrine?" The core question about recency of use was asked if respondents previously reported any use of methamphetamine, Desoxyn[®], or Methedrine[®] in their lifetime that was not prescribed or that they took only for the experience or feeling it caused.

¹⁸ Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA) Reorganization Act, Pub. L. No. 102-321 (1992).

¹⁹ See footnote 2.

Estimates for methamphetamine use, stimulant use, and nonmedical use of psychotherapeutics from 2006 onward also include responses based on the noncore methamphetamine use items that were added in 2005 and 2006; estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items. Unlike the core question about lifetime use, which asks about use of methamphetamine that was not prescribed or was taken only for the experience or feeling it caused, the noncore question asked about *any* lifetime use of methamphetamine.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Stimulant Use."

Midwest Region

The States included are those in the East North Central Division— Illinois, Indiana, Michigan, Ohio, and Wisconsin; and the West North Central Division—Iowa, Kansas, Minnesota, Missouri, Nebraska, North Dakota, and South Dakota.

SEE: "Region."

Mild Mental Illness

SEE: "Mental Illness."

Moderate Mental Illness

SEE: "Mental Illness."

**Native Hawaiian or
Other Pacific Islander**

Native Hawaiian or Other Pacific Islander, not of Hispanic, Latino, or Spanish origin. Does not include respondents reporting two or more races. Respondents reporting that they were Native Hawaiian or Other Pacific Islander and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

Noncore

The NSDUH interview includes two types of sections or modules: (a) core and (b) noncore. A core set of questions that are critical for basic trend measurement of prevalence estimates remains in the survey every year and comprises the first part of the interview. Noncore questions are supplemental topics included in the latter part of the interview after all the core modules. Noncore topics can be revised, dropped, or added from year to year and include (but are not limited to) injection drug use, perceived risks of substance use, substance dependence or abuse, arrests, treatment for substance use problems, pregnancy and health care issues, and mental health issues. Noncore demographic questions, which are interviewer-administered and follow the audio computer-assisted

self-interviewing (ACASI) questions, address such topics as immigration, current school enrollment, employment and workplace issues, health insurance coverage, and income. It should be noted that some of the noncore portions of the interview have remained in the survey, relatively unchanged, from year to year (e.g., current health insurance coverage, employment).

SEE: "Core."

Nonmedical Use of Psychotherapeutics

A core section of the interview instrument contains questions about nonmedical use of four classes of prescription-type psychotherapeutics: pain relievers, tranquilizers, stimulants, and sedatives. Nonmedical use is defined as use of at least one of these medications without a prescription belonging to the respondent or use that occurred simply for the experience or feeling the drug caused. Estimates for the measures of nonmedical use of psychotherapeutics from 2006 onward also include responses based on the noncore methamphetamine use items that were added in 2005 and 2006. Estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items. Responses to questions about the nonmedical use of Adderall[®] (a stimulant) and Ambien[®] (a sedative), which were added to the survey in 2006, were not included in these measures to maintain the comparability of estimates over time.

Measures of use of nonmedical psychotherapeutic agents in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription [pain reliever, tranquilizer, stimulant, or sedative] that was not prescribed for you or that you took only for the experience or feeling it caused?"

Questions about nonmedical use of psychotherapeutic drugs were preceded by the following introduction: "Now we have some questions about drugs that people are supposed to take only if they have a prescription from a doctor. We are only interested in your use of a drug if the drug was not prescribed for you, or if you took the drug only for the experience or feeling it caused."

NOTE: The pill card contains pictures and names of specific drugs within each psychotherapeutic category. For example, pictures and the names of Valium[®], Librium[®], and other tranquilizers are shown when the section on tranquilizers is introduced.

SEE: "Core," "Current Use," "Lifetime Use," "Methamphetamine Use," "Noncore," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Stimulant Use," and "Tranquilizer Use."

Nonmetro

SEE: "County Type."

Northeast Region

The States included are those in the New England Division—Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island, and Vermont; and the Middle Atlantic Division—New Jersey, New York, and Pennsylvania.

SEE: "Region."

OxyContin[®] Use

Measures of nonmedical use of the prescription pain reliever OxyContin[®] in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used OxyContin that was not prescribed for you or that you took only for the experience or feeling it caused?" The question about recency of use was asked if respondents previously reported any nonmedical use of OxyContin[®] in their lifetime.

SEE: "Current Use," "Lifetime Use," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Pain Reliever Use

Measures of the nonmedical use of prescription-type pain relievers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription pain reliever that was not prescribed for you, or that you took only for the experience or feeling it caused?" The question about recency of use was asked if respondents previously reported any nonmedical use of prescription pain relievers in their lifetime.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription pain relievers in their lifetime. These gate questions were preceded by the following information about pain relievers: "These questions are about the use of pain relievers. We are not interested in your use of *over-the-counter* pain relievers such as aspirin, Tylenol, or Advil that can be bought in drug stores or grocery stores without a doctor's prescription. Card A shows pictures of some different types of prescription pain relievers and lists the names of some others. These pictures show only pills, but we are interested in your use of

any form of prescription pain relievers that were not prescribed for you or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents, even once, used the following prescription pain relievers that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these pain relievers were shown on Pill Card A to aid respondents in identifying pain relievers they used nonmedically: (a) Darvocet[®], Darvon[®], or Tylenol[®] with Codeine; (b) Percocet[®], Percodan[®], or Tylox[®]; (c) Vicodin[®], Lortab[®], or Lorcet[®]; (d) Codeine; (e) Demerol[®]; (f) Dilaudid[®]; (g) Fioricet[®]; (h) Fiorinal[®]; (i) Hydrocodone; (j) Methadone; (k) Morphine; (l) OxyContin[®]; (m) Phenaphen[®] with Codeine; (n) Propoxyphene; (o) SK-65[®]; (p) Stadol[®] (not pictured); (q) Talacen[®]; (r) Talwin[®]; (s) Talwin NX[®]; (t) Tramadol (not pictured); (u) Ultram[®]; and (v) any other prescription pain reliever besides the ones shown on Card A.

SEE: "Core," "Current Use," "Lifetime Use," "Nonmedical Use of Psychotherapeutics," "OxyContin[®] Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Stimulant Use," and "Tranquilizer Use."

Past Month Daily Cigarette Use

A respondent was defined as being a past month daily cigarette user if he or she smoked part or all of a cigarette on each of the past 30 days. Respondents were asked about the number of days they smoked a cigarette in this period if they previously reported that they smoked part or all of a cigarette in the past 30 days.

SEE: "Cigarette Use."

Past Month Use

This measure indicates use of a specific substance in the 30 days prior to the interview. Respondents who indicated past month use of a specific substance also were classified as lifetime and past year users.

SEE: "Current Use," "Lifetime Use," "Past Year Use," "Prevalence," and "Recency of Use."

Past Year Use

This measure indicates use of a specific substance in the 12 months prior to the interview. This definition includes those respondents who last used the substance in the 30 days prior to the interview. Respondents who indicated past year use of a specific substance also were classified as lifetime users.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Prevalence," and "Recency of Use."

PCP Use

Measures of use of phencyclidine (PCP) in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used PCP?" The question about recency of use was asked if respondents previously reported any use of PCP in their lifetime.

SEE: "Current Use," "Ecstasy Use," "Hallucinogen Use," "Lifetime Use," "LSD Use," "Past Month Use," "Past Year Use," "Prevalence," and "Recency of Use."

Percentages

All of the estimates presented in the mental health findings report²⁰ and the mental health detailed tables contain percentages based on weighted data.

SEE: "Rounding."

Pill Cards

The pill cards contain pictures and names of specific drugs within each psychotherapeutic category to assist respondents with recognition and recall. Respondents are shown the appropriate pill cards at the beginning of each of the questionnaire sections for prescription pain relievers, prescription tranquilizers, prescription stimulants, and prescription sedatives. For example, pictures and the names of Valium[®], Librium[®], and other prescription tranquilizers are shown when the questionnaire section on tranquilizers is introduced.

SEE: "Current Use," "Lifetime Use," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," "Stimulant Use," and "Tranquilizer Use."

Poverty Level

Poverty level is a comparison of a respondent's total family income with the U.S. Census Bureau's poverty thresholds (both measured in dollar amounts) in order to determine the poverty status of the respondent and his or her family. Information on family income, size, and composition (i.e., number of children) is used to determine the respondent's poverty level. The poverty level is calculated as a percentage of the poverty threshold by dividing a respondent's reported total family income by the appropriate poverty threshold amount. Three categories for poverty level are defined relative to the poverty threshold: (1) less than 100 percent

²⁰ See footnote 1.

(i.e., total family income is less than the poverty threshold); (2) 100 to 199 percent (i.e., total family income is at or above the poverty threshold, but less than twice the poverty threshold); and (3) 200 percent or more (i.e., total family income is twice the poverty threshold or greater). In addition, the measure for poverty level excludes respondents aged 18 to 22 who were living in a college dormitory.

SEE: "Family Income."

Prevalence

Prevalence is a general term used to describe the estimates for lifetime, past year, and past month substance use; dependence or abuse; or other behaviors of interest within a given period (e.g., the past 12 months). Other behaviors of interest include mental health service utilization, treatment for a substance use problem, unmet need for mental health services, serious psychological distress, and mental illness.

SEE: "Abuse," "Current Use," "Dependence," "Major Depressive Episode (MDE)," "Mental Health Service Utilization," "Mental Illness," "Recency of Use," "Serious Psychological Distress (SPD)," "Treatment for a Substance Use Problem," and "Unmet Need for Mental Health Services."

Psychotherapeutic Drugs

Psychotherapeutic drugs are prescription-type medications with legitimate medical uses as pain relievers, tranquilizers, stimulants, and sedatives. The interview instrument covers nonmedical use of these drugs, which involves use without a prescription belonging to the respondent or use that occurred simply for the experience or feeling the drug caused. Estimates for psychotherapeutic drug measures from 2006 onward include responses based on the core questions about nonmedical use of psychotherapeutics and the noncore methamphetamine use items that were added in 2005 and 2006. Estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items.

SEE: "Core," "Current Use," "Lifetime Use," "Methamphetamine Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Recency of Use," "Sedative Use," "Stimulant Use," and "Tranquilizer Use."

Race/Ethnicity

Race/ethnicity is used to refer to the respondent's self-classification of racial and ethnic origin and identification. For Hispanic origin, respondents were asked, "Are you of Hispanic, Latino, or Spanish

origin or descent?" For race, respondents were asked, "Which of these groups describes you?" Response options for race were (1) white, (2) black/African American, (3) American Indian or Alaska Native, (4) Native Hawaiian, (5) Other Pacific Islander, (6) Asian, and (7) Other. Respondents were allowed to choose more than one of these groups. Categories for a combined race/ethnicity variable included Hispanic; non-Hispanic groups where respondents indicated only one race (white, black, American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian); and non-Hispanic groups where respondents reported two or more races. However, respondents choosing both Native Hawaiian and Other Pacific Islander but no other categories are classified as being in the "Native Hawaiian or Other Pacific Islander" category instead of the "two or more races" category. These categories are based on classifications developed by the U.S. Census Bureau.

SEE: "American Indian or Alaska Native," "Asian," "Black," "Hispanic," "Native Hawaiian or Other Pacific Islander," "Two or More Races," and "White."

Recency of Use

The recency question for each substance was the source for the lifetime, past year, and past month prevalence estimates. Respondents were asked the relevant recency question if they previously reported any use of the substance in their lifetime.

The question was essentially the same for all classes of substances: "How long has it been since you last used [substance name]?" For the four classes of psychotherapeutics, the phrase "that was not prescribed for you or that you took only for the experience or feeling it caused" was added after the name of the drug.

For tobacco products (cigarettes, snuff, chewing tobacco, or cigars), a question first was asked about use in the past 30 days. If the respondent did not use the product in the past 30 days, the recency question was asked as above, with the response options (1) more than 30 days ago but within the past 12 months; (2) more than 12 months ago but within the past 3 years; and (3) more than 3 years ago.

For the remaining substances, the response options were (1) within the past 30 days; (2) more than 30 days ago but within the past 12 months; and (3) more than 12 months ago.

SEE: "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," and "Prevalence."

Region

Four regions, Northeast, Midwest, South, and West, are based on classifications developed by the U.S. Census Bureau.

SEE: "Midwest Region," "Northeast Region," "South Region," and "West Region."

Rounding

The decision rules for the rounding of percentages were as follows. If the second number to the right of the decimal point was greater than or equal to 5, the first number to the right of the decimal point was rounded up to the next higher number. If the second number to the right of the decimal point was less than 5, the first number to the right of the decimal point remained the same. Thus, a prevalence estimate of 16.55 percent would be rounded to 16.6 percent, while an estimate of 16.44 percent would be rounded to 16.4 percent. Although the percentages in the tables generally total 100 percent, the use of rounding sometimes produces a total of slightly less than or more than 100 percent.

SEE: "Percentages."

Sedative Use

Measures of the nonmedical use of prescription-type sedatives in the respondent's lifetime, the past year, and the past month were developed from responses to the core question about recency of use: "How long has it been since you last used any prescription sedative that was not prescribed for you, or that you took only for the experience or feeling it caused?" Responses to noncore questions about use of the prescription sedative Ambien[®], which were added to the survey in 2006, were not included in these measures. The question about recency of use was asked if respondents previously reported any nonmedical use of prescription sedatives in their lifetime.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription sedatives in their lifetime. These gate questions were preceded by the following information about sedatives: "These next questions ask about the use of sedatives or barbiturates. These drugs are also called *downers* or *sleeping pills*. People take these drugs to help them relax or to help them sleep. We are not interested in the use of *over-the-counter* sedatives such as Sominex, Unisom, Nytol, or Benadryl that can be bought in drug stores or grocery stores without a doctor's prescription. Card D shows pictures of different kinds of prescription sedatives and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription sedatives that were not prescribed for you or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription sedatives that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these sedatives were shown on Pill Card D to aid respondents in identifying sedatives they used nonmedically: (a) Methaqualone (includes Sopor[®], Quaalude[®]) (not pictured); (b) barbiturates, such as Nembutal[®], Pentobarbital (not pictured), Seconal[®], Secobarbital (not pictured), or Butalbital (not pictured); (c) Restoril[®] or Temazepam; (d) Amytal[®]; (e) Butisol[®]; (f) Chloral Hydrate (not pictured); (g) Dalmane[®]; (h) Halcion[®]; (i) Phenobarbital; (j) Placidyl[®]; (k) Tuinal[®]; and (l) any other prescription sedative besides the ones shown on Card D.

SEE: "Core," "Current Use," "Lifetime Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Stimulant Use," and "Tranquilizer Use."

Self-Help Group

Respondents who reported that they received treatment for their use of alcohol or drugs in the past 12 months were asked whether they received treatment in a self-help group, such as Alcoholics Anonymous or Narcotics Anonymous. Self-help groups were not considered specialty substance use treatment facilities. Beginning with the 2006 survey, respondents also were asked whether they attended self-help groups in the past 12 months to receive help for their alcohol or drug use, regardless of whether they previously reported receiving any treatment in the past 12 months.

SEE: "Specialty Substance Use Treatment Facility" and "Treatment for a Substance Use Problem."

Serious Mental Illness (SMI)

SEE: "Mental Illness."

Serious Psychological Distress (SPD)

Serious psychological distress (SPD) for adults is defined as having a score of 13 or higher on the Kessler-6 (K6) scale. The Kessler-6 (K6) scale consists of six questions that gather information on how frequently adult respondents experienced symptoms of psychological distress during the past month or the one month in the past year when they were at their worst emotionally. These questions ask about the frequency of feeling (1) nervous, (2) hopeless, (3) restless or fidgety, (4) sad or

depressed, (5) that everything was an effort, and (6) no good or worthless.²¹

Past month SPD estimates are presented in the mental health detailed tables from 2009 onward. Estimates of past year SPD are presented from 2005 onward. From 2005 to 2007, the K6 questions asked only about the one month in the past year when adult respondents were at their worst emotionally, and past year SPD was defined from the resulting scores. Since 2008, however, the K6 questions were asked both for the past 30 days and (if applicable) the one month in the past year when adult respondents were at their worst emotionally.

The maximum score of the two periods (i.e., past month and past year) was used to create the total past year score, and this score was used to define past year SPD for 2008 onward. Past year SPD estimates for 2005 through 2007 were statistically adjusted to make them comparable with those since 2008.²² More information on the comparability of mental health measures for adults can be found in Appendix I of the 2011 NSDUH Public Use File codebook.²³

SEE: "Kessler-6 (K6) Scale," "Mental Illness," and "Prevalence."

Severe Impairment due to Major Depressive Episode

Severe impairment is defined by the level of role interference reported to be caused by major depressive episode (MDE) in the past 12 months based on the role domains for adults and for youths aged 12 to 17 in the Sheehan Disability Scale (SDS). Ratings of 7 or greater in one or more role domains are classified as severe impairment. See Section B.4.4 in Appendix B of the 2012 mental health findings report for additional details.²⁴

SEE: "Major Depressive Episode (MDE)" and "Sheehan Disability Scale (SDS)."

Sheehan Disability Scale (SDS)

The Sheehan Disability Scale (SDS) consists of a series of four questions that are used in NSDUH to measure interference in a person's daily functioning caused by major depressive episode (MDE). The SDS role domains are assessed on a 0 to 10 visual

²¹ For a description and properties of the K6 scale, see the Kessler et al. (2003) reference in footnote 10.

²² More information about creation of the statistically adjusted SPD variables can be found in the Aldworth et al. (2012) reference in footnote 14.

²³ See footnote 15.

²⁴ See footnote 1.

analog scale with impairment categories of "none" (0), "mild" (1-3), "moderate" (4-6), "severe" (7-9), and "very severe" (10). For adults aged 18 or older, the SDS role domains are (1) home management, (2) work, (3) close relationships with others, and (4) social life. For youths aged 12 to 17, the SDS role domains are (1) chores at home, (2) school or work, (3) close relationships with family, and (4) social life.

SEE: "Prevalence," "Severe Impairment due to Major Depressive Episode," and "World Health Organization Disability Assessment Schedule (WHODAS)."

Significance

Two types of statistical comparisons are presented in NSDUH reports and tables: (1) between two different time points, and (2) between members of demographic subgroups. When tables show trends over time, statistically significant differences between estimates from two different time points (e.g., 2011 and 2012) may be identified at two levels: 0.05 and 0.01. When reports compare estimates between two points in time or between demographic subgroups, a significance level of 0.05 generally is used to determine whether these estimates were statistically different. If differences do not meet the criteria for statistical significance, the values of these estimates are not considered to be different from one another. Estimates that are noted as "low precision" are not compared with other estimates.

SEE: "Low Precision."

Small Metro

SEE: "County Type."

Smokeless Tobacco Use

Measures of use of smokeless tobacco in the respondent's lifetime, the past year, and the past month were developed from responses to the questions about snuff and chewing tobacco use in the past 30 days and the recency of use (if not in the past 30 days): "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used snuff, even once?" "How long has it been since you last used snuff?" "Now think about the past 30 days—that is, from [DATEFILL] up to and including today. During the past 30 days, have you used chewing tobacco, even once?" and "How long has it been since you last used chewing tobacco?" Questions about use of snuff in the past 30 days or the most recent use of snuff (if not in the past 30 days) were asked if respondents previously reported any use of snuff in their lifetime. Similarly, questions about use of chewing tobacco in the past 30 days or the most recent use of chewing tobacco (if not in the past 30 days) were asked if respondents previously reported any use of chewing tobacco in their lifetime.

The following information preceded the question about lifetime use of snuff: "These next questions are about your use of snuff, sometimes called dip." The following information preceded the question about lifetime use of chewing tobacco: "These next questions are only about chewing tobacco."

SEE: "Cigar Use," "Cigarette Use," "Current Use," "Lifetime Use," "Past Month Use," "Past Year Use," "Prevalence," "Recency of Use," and "Tobacco Product Use."

South Region

The States included are those in the South Atlantic Division—Delaware, District of Columbia, Florida, Georgia, Maryland, North Carolina, South Carolina, Virginia, and West Virginia; the East South Central Division—Alabama, Kentucky, Mississippi, and Tennessee; and the West South Central Division—Arkansas, Louisiana, Oklahoma, and Texas.

SEE: "Region."

Specialty Substance Use Treatment Facility

This was defined as a drug or alcohol rehabilitation facility (inpatient or outpatient), a hospital (inpatient only), or a mental health center.

SEE: "Self-Help Group" and "Treatment for a Substance Use Problem."

Stimulant Use

Measures of nonmedical use of prescription-type stimulants in the respondent's lifetime, the past year, and the past month were developed from responses to the core questions about recency of use: "How long has it been since you last used any prescription stimulant that was not prescribed for you or that you took only for the experience or feeling it caused?" and "How long has it been since you last used Methamphetamine, Desoxyn, or Methedrine?" Questions about recency of use were asked if respondents previously reported any nonmedical use of prescription stimulants or methamphetamine in their lifetime.

Estimates for the stimulant use measures from 2006 onward included responses based on the noncore methamphetamine use items that were added in 2005 and 2006. Estimates for 2002 through 2005 have been adjusted to make them comparable with estimates from 2006 onward that include responses to the noncore methamphetamine items. However, measures of stimulant use do not include data from noncore questions added to the survey in 2006 about the use of the prescription stimulant Adderall®.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription stimulants in their lifetime. These gate questions were preceded by the following information about stimulants: "These next questions ask about the use of drugs such as amphetamines that are known as stimulants, *uppers*, or *speed*. People sometimes take these drugs to lose weight, to stay awake, or for attention deficit disorders. We are not interested in the use of *over-the-counter* stimulants such as Dexatrim or No-Doz that can be bought in drug stores or grocery stores without a doctor's prescription. Card C shows pictures of some different kinds of prescription stimulants and lists the names of some others. These pictures show only pills, but we are interested in your use of any form of prescription stimulants that were not prescribed for you or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription stimulants that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these stimulants were shown on Pill Card C to aid respondents in identifying stimulants they used nonmedically:

(a) Methamphetamine (crank, crystal, ice, or speed) (not pictured), Desoxyn[®], or Methedrine[®] (not pictured); (b) prescription diet pills, such as Amphetamines (not pictured), Benzedrine[®], Biphetamine[®], Fastin[®], or Phentermine; (c) Ritalin[®] or Methylphenidate; (d) Cylert[®]; (e) Dexedrine[®]; (f) Dextroamphetamine; (g) Didrex[®]; (h) Eskatrol[®]; (i) Ionamin[®]; (j) Mazanor[®]; (k) Obedrin-LA[®] (not pictured); (l) Plegine[®]; (m) Preludin[®]; (n) Sanorex[®]; (o) Tenuate[®]; and (p) any other prescription stimulant besides the ones shown on Card C.

SEE: "Core," "Current Use," "Lifetime Use," "Methamphetamine Use," "Noncore," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," and "Tranquilizer Use."

Substance Use Disorder

Substance use disorder is defined as meeting criteria for dependence or abuse for illicit drugs or alcohol.

SEE: "Abuse" and "Dependence."

Substance Use Treatment

SEE: "Treatment for a Substance Use Problem."

Suicide

Adults aged 18 or older were asked whether they had seriously thought about, made any plans, or attempted to kill themselves at any time during the past 12 months, or if they had received medical attention from a health professional or stayed overnight in a hospital in the past 12 months because of a suicide attempt.

SEE: "Prevalence."

Tobacco Product Use

This measure indicates use of any tobacco product: cigarettes, chewing tobacco, snuff, cigars, and pipe tobacco. Tobacco product use in the past year includes past month pipe tobacco use. Tobacco product use in the past year does not include use of pipe tobacco more than 30 days ago but within 12 months of the interview because the survey did not capture this information. Measures of tobacco product use in the respondent's lifetime, the past year, or the past month also do not include reports from noncore questions about use of cigars with marijuana in them (blunts).

SEE: "Cigar Use," "Cigarette Use," "Core," "Current Use," "Lifetime Use," "Noncore," "Past Month Daily Cigarette Use," "Past Year Use," "Prevalence," "Recency of Use," and "Smokeless Tobacco Use."

Total Family Income

SEE: "Family Income."

Tranquilizer Use

Measures of the nonmedical use of prescription-type tranquilizers in the respondent's lifetime, the past year, and the past month were developed from responses to the question about recency of use: "How long has it been since you last used any prescription tranquilizer that was not prescribed for you, or that you took only for the experience or feeling it caused?" The question about recency of use was asked if respondents previously reported any nonmedical use of prescription tranquilizers in their lifetime.

Respondents were asked a series of gate questions about any nonmedical use of specific prescription tranquilizers in their lifetime. These gate questions were preceded by the following information about tranquilizers: "These next questions ask about the use of tranquilizers. Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers *nerve pills*. Card B shows pictures of some different kinds of prescription tranquilizers. These pictures show only pills, but we are interested in your use of any form of prescription tranquilizers that were not prescribed for you, or that you took only for the experience or feeling they caused."

Gate questions asked whether respondents ever, even once, used the following prescription tranquilizers that were not prescribed for respondents or that they took only for the experience or feeling they caused; unless indicated otherwise, pictures of these tranquilizers were shown on Pill Card B to aid respondents in identifying tranquilizers they used nonmedically: (a) Klonopin[®] or Clonazepam; (b) Xanax[®], Alprazolam, Ativan[®], or Lorazepam; (c) Valium[®] or Diazepam; (d) Atarax[®]; (e) BuSpar[®]; (f) Equanil[®]; (g) Flexeril[®]; (h) Librium[®]; (i) Limbitrol[®]; (j) Meprobamate; (k) Miltown[®]; (l) Rohypnol[®]; (m) Serax[®]; (n) Soma[®]; (o) Tranxene[®]; (p) Vistaril[®]; and (q) any other prescription tranquilizer besides the ones shown on Card B.

SEE: "Core," "Current Use," "Lifetime Use," "Nonmedical Use of Psychotherapeutics," "Pain Reliever Use," "Past Month Use," "Past Year Use," "Pill Cards," "Prevalence," "Psychotherapeutic Drugs," "Recency of Use," "Sedative Use," and "Stimulant Use."

Treatment for Depression Treatment for depression was defined as seeing or talking to a professional, or using prescription medication in the past year for depression. Since 2011, treatment professionals have been subdivided into "Health Professional," "Alternative Service Professional," and "Other."

SEE: "Alternative Service Professional" and "Health Professional."

Treatment for Major Depressive Episode

Treatment for major depressive episode (MDE) is the same as treatment for depression. Treatment for depression refers to treatment among those classified with past year MDE.

SEE: "Major Depressive Episode (MDE)" and "Treatment for Depression."

Treatment for a Substance Use Problem

Respondents were defined as having received treatment for a substance use problem if they reported receiving treatment for illicit drug use, alcohol use, or both illicit drug and alcohol use in the past 12 months in any of the following locations: a hospital overnight as an inpatient, a residential drug or alcohol rehabilitation facility where they stayed overnight, a drug or alcohol rehabilitation facility as an outpatient, a mental health facility as an outpatient, an emergency room, a private doctor's office, a prison or jail, a self-help group, or some other place. Emergency rooms, private doctors' offices, prisons or jails, and

self-help groups were not considered specialty substance use treatment facilities. Reports of treatment in some other place were considered to be treatment in specialty substance use treatment facilities only if these reports corresponded to drug or alcohol rehabilitation facilities (inpatient or outpatient), hospitals (inpatient only), or mental health centers.

SEE: "Alcohol Use," "Illicit Drugs," "Prevalence," "Self-Help Group," and "Specialty Substance Use Treatment Facility."

Two or More Races

Respondents were asked to report which racial group describes them. Response options were (1) white, (2) black or African American, (3) American Indian or Alaska Native, (4) Native Hawaiian, (5) Other Pacific Islander, (6) Asian, and (7) Other. Respondents were allowed to choose more than one of these groups. Persons who chose both the "Native Hawaiian" and "Other Pacific Islander" categories (and no additional categories) were classified in a single category: Native Hawaiian or Other Pacific Islander. Otherwise, persons reporting two or more of the above groups and that they were not of Hispanic, Latino, or Spanish origin were included in a "Two or More Races" category. This category does not include respondents who reported more than one Asian subgroup but who reported "Asian" as their only race. Respondents reporting two or more races and reporting that they were of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic" and "Race/Ethnicity."

Unmet Need for Mental Health Services

Unmet need for mental health services was defined as a perceived need for mental health treatment in the past 12 months that was not received. This measure also included persons who received some type of mental health service in the past 12 months, but reported a perceived need for additional services they did not receive. Unmet need for mental health services was defined based on responses to the following question: "During the past 12 months, was there any time when you needed mental health treatment or counseling for yourself but didn't get it?"

SEE: "Mental Health Service Utilization" and "Prevalence."

West Region

The States included are those in the Mountain Division—Arizona, Colorado, Idaho, Montana, Nevada, New Mexico, Utah, and Wyoming; and the Pacific Division—Alaska, California, Hawaii, Oregon, and Washington.

SEE: "Region."

White

White, not of Hispanic, Spanish, or Latino origin. Does not include respondents reporting two or more races. Respondents reporting that they were white and of Hispanic, Latino, or Spanish origin were classified as Hispanic.

SEE: "Hispanic," "Race/Ethnicity," and "Two or More Races."

World Health Organization Disability Assessment Schedule (WHODAS)

The World Health Organization Disability Assessment Schedule (WHODAS) consists of a series of questions that are used for assessing disturbances in social adjustment and behavior (i.e., functional impairment). A reduced set of WHODAS items was used in NSDUH.^{25,26} Respondents were asked if they had difficulty doing any of the following eight activities during the one month when their emotions, nerves, or mental health interfered most with their daily activities: (1) remembering to do things they needed to do; (2) concentrating on doing something important when other things were going on around them; (3) going out of the house and getting around on their own; (4) dealing with people they did not know well; (5) participating in social activities; (6) taking care of household responsibilities; (7) taking care of daily responsibilities at work or school; and (8) getting daily work done as quickly as needed. These eight items were assessed on a 0 to 3 scale with categories of "no difficulty," "don't know," and "refuse" (0); "mild difficulty" (1); "moderate difficulty" (2); and "severe difficulty" (3). Some items had an additional category for respondents who did not engage in a particular activity (e.g., they did not leave the house on their own). Respondents who reported that they did not engage in an activity were asked a follow-up question to determine if they did not do so because of emotions, nerves, or mental health. Those who answered "yes" to this follow-up question were subsequently assigned to the "severe difficulty" category; otherwise (i.e., for responses of "no," "don't know," or "refused"), they were assigned to the "no difficulty" category. Summing across the eight responses resulted in a total score with a range from 0 to 24.

²⁵ Novak, S. P., Colpe, L. J., Barker, P. R., & Gfroerer, J. C. (2010). Development of a brief mental health impairment scale using a nationally representative sample in the USA. *International Journal of Methods in Psychiatric Research*, 19(Suppl. 1), 49-60. doi:10.1002/mpr.313

²⁶ Rehm, J., Üstün, T. B., Saxena, S., Nelson, C. B., Chatterji, S., Ivis, F., & Adlaf, E. (1999). On the development and psychometric testing of the WHO screening instrument to assess disablement in the general population. *International Journal of Methods in Psychiatric Research*, 8, 110-123. doi:10.1002/mpr.61

SEE: "Mental Illness," "Prevalence," "Severe Impairment due to Major Depressive Episode," and "Sheehan Disability Scale (SDS)."

