NATIONAL SURVEY ON DRUG USE AND HEALTH: 2013 DRESS REHEARSAL FINAL REPORT

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
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NATIONAL SURVEY ON DRUG USE AND HEALTH: 2013 DRESS REHEARSAL FINAL REPORT

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1. Background and Goals

This report summarizes the data collection and analytic methods and results for the 2013 Dress Rehearsal (DR) for the National Survey on Drug Use and Health (NSDUH). Sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), NSDUH is a national survey of the U.S. civilian, noninstitutionalized population aged 12 or older.

In order to continue producing current and accurate data, SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ) must update NSDUH periodically to reflect changing patterns in substance use and new mental health priorities. CBHSQ is planning to implement changes related to a partial NSDUH redesign. These changes include use of a new sample design in 2014 and a limited update to the interview questionnaire in 2015. The new sample design will allow for continued national, State, and substate-level estimation comparable with estimation from previous surveys. The sample design's improved efficiency will result in significant cost savings. CBHSQ plans to redesign NSDUH for the 2015 survey year to achieve two main goals: (1) revise the questionnaire to address changing policy and research data needs, and (2) modify the survey methodology to improve the quality of estimates and the efficiency of data collection and processing.

A Questionnaire Field Test (QFT) conducted in 2012 tested revisions to the NSDUH respondent materials, questionnaire, procedures, and equipment associated with the 2015 partial redesign goals (Currivan et al., 2013). ***Section 2.4.1*** provides a complete list of the revisions that were implemented and evaluated for the QFT. Following the QFT, the DR aims to further test revisions made to the QFT materials, questionnaire, procedures, and equipment, as well as further revisions made to the questionnaire and equipment specifically for the DR. Two major differences between the QFT and the DR are the addition of Spanish-language interviews and a test of new lightweight laptop computers. Field interviewers (FIs) used the same tablet computer for the DR that was originally tested during the QFT for screening, respondent selection, and case management, with a few administrative enhancements for the DR. ***Section 2.4.1*** and ***Appendix A*** describe and provide a complete list of the additional questionnaire and protocol changes that were implemented for the DR. The DR provides another opportunity to further refine and improve the redesigned questionnaire, materials, and procedures prior to any full-scale changes for the 2015 partial redesign. Specifically, the DR presents an opportunity to do the following:

- assess how the partially redesigned protocol performs for Spanish-language screenings and interviews;
- evaluate whether problems identified in the QFT, such as data quality issues with items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration, persisted in the DR;
- use the combined QFT and DR samples to increase the statistical power for analyses that were inconclusive in the QFT because of limited sample size; and
- examine new items that were introduced in the QFT and then modified for the DR.

Using multiple indicators and data sources, the primary goal of the DR is to measure the total effect on NSDUH estimates and outcomes from *all* changes to the materials, questionnaire, and procedures planned for the 2015 partial redesign. Specifically, the DR provides data to attempt to address the following research questions, to the extent that sample sizes allow:

1. What do assessments of the DR protocol—obtained from equipment surveys, debriefing questions, debriefing calls, and field observations of FIs—indicate about the likely effectiveness of the 2015 partial redesign protocol?
2. What impact does the redesigned protocol, including revisions made to the DR questions or protocol based on QFT experiences or results, have on the overall interview timing and module timings across age groups?
3. Does the DR protocol, including changes made from the QFT protocol, meet similar data quality standards as the QFT data collection and the current NSDUH main study, as measured by unit nonresponse, item missingness rates, imputation rates, and other indicators of data quality?
4. Does the DR protocol produce any significant differences in key estimates with the QFT and the main study comparison data, both for all respondents and across age groups and for both English-language and Spanish-language interviews?

   4a. To what extent do DR estimates for core substance use items other than methamphetamine and prescription drugs differ from the QFT (English-language interviews only) and the main study comparison estimates (not restricted to English-language interviews)? To what extent do these core substance use estimates based on the combined QFT and DR English-language non-Hispanic data differ from the corresponding main study English-language non-Hispanic comparison estimates?

   4b. To what extent do DR estimates for methamphetamine and prescription drug items differ from the QFT (English-language interviews only) and the current NSDUH main study (not restricted to English-language interviews)? To what extent do these estimates based on the combined QFT and DR English-language non-Hispanic data differ from the corresponding main study English-language non-Hispanic comparison estimates?

   4c. To what extent do DR and QFT data for individual prescription drugs contribute to estimates of past year use or misuse for the overall category (e.g., pain relievers) and for related prescription drugs within a category? What effect does including or dropping data for specific drugs have on the combined QFT and DR English-language non-Hispanic estimates?

   4d. To what extent do DR estimates for selected noncore items—such as substance dependence or abuse, substance use treatment, selected mental health measures, mental health treatment, and demographic and household items—differ from the QFT (English-language non-Hispanic estimates) and the current NSDUH main study?
5. Does the DR protocol produce any significant differences in key estimates relative to estimates from other surveys or other sources of data?

This report summarizes how the DR was conducted and the results obtained to address the five main research questions. ***Chapter 2*** describes the study design, field preparations, and data collection procedures. ***Chapter 3*** describes procedures for defining usable cases, data editing and coding, imputation, weighting, data file preparation, and data analysis issues for the DR data and the two NSDUH datasets that were used to compare with the DR data. This chapter also discusses key analytic issues, especially comparisons of the DR data with the 2012 and 2013 quarters 3 and 4 NSDUH main study data. ***Chapter 4*** addresses research questions 2 and 3 by detailing data collection outcomes, such as screenings and interviews completed, screening and interview response rates, overall and module interview timings, imputation rates, item missingness rates, and other data quality indicators. ***Chapter 5*** describes data collected from DR interviewers through multiple methods—including an FI training survey, FI equipment survey, FI debriefing items, debriefing calls with FIs, and field observations of FIs—to address research question 1 about the general performance of the redesigned protocol. ***Chapter 6*** presents comparisons of selected core and noncore estimates for English- and Spanish-language DR data and comparison data to address research question 4. ***Chapter 7*** addresses research question 5 through an examination of QFT and DR estimates for moved, revised, and new items in the QFT and DR protocols and, where applicable, comparisons with parallel estimates from the two NSDUH main study datasets and other national survey datasets. ***Chapters 6*** and ***7*** are both organized in two sections, with the first covering priority analyses that will directly inform decisions for the 2015 partial redesign and the second covering additional analyses that will provide a preview of how specific estimates will look in the 2015 main study data. Finally, ***Chapter 8*** summarizes the key findings in the report with respect to each of the five main research questions and the main implications of these results for finalizing the partially redesigned questionnaire and protocol to be implemented in the 2015 NSDUH main study.

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

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

This chapter provides details of the design and implementation of the 2013 Dress Rehearsal (DR). ***Section 2.2*** describes the study design, including the sample design and selection procedures. ***Section 2.3*** addresses preparations made for data collection, including preparing the field equipment, selecting the field interviewers (FIs), and training the FIs and field supervisors (FSs). ***Section 2.4*** describes all of the data collection procedures followed in implementing the DR, which was fielded from September 1 through October 31, 2013.

2.2 Study Design

This section describes the target population represented by the DR, the oversampling of Spanish-language interviews, procedures for selecting State sampling regions (SSRs) and segments, selection of dwelling units (DUs), allocation of respondents across age groups, and selection of persons to be respondents for the interviews.

2.2.1 Target Population

Similar to the main study of the National Survey on Drug Use and Health (NSDUH), the respondent universe for the DR was the civilian, noninstitutionalized population aged 12 or older. In order to control costs, persons residing in Alaska and Hawaii were excluded from the DR. Therefore, the sample is representative of the noninstitutionalized population aged 12 or older in the contiguous United States.

2.2.2 Spanish-Language Interview Oversample

One primary goal of the DR was to evaluate the Spanish-language questionnaire, so it was critical to complete enough DR interviews in Spanish to allow for this evaluation.
To achieve a higher yield of Spanish-language interviews than what would be observed with a probability proportional to size (PPS) sample, a special certainty stratum was created that comprised the SSRs with a historically high percentage of interviews conducted in Spanish. SSRs that had 10 percent or more of their 2011 NSDUH interviews conducted in Spanish were assigned to the certainty stratum. The percentage of interviews conducted in Spanish was calculated at the SSR level rather than the segment level because sample sizes at the segment level were too small to provide reliable estimates. A total of 101 of the NSDUH SSRs fell into the certainty stratum and were selected for the DR with certainty.

Because of the oversampling of areas with historically high concentrations of Spanish-language interviews, 207 of the 2,000 total interviews were expected to be completed in Spanish. ***Table 2.1*** presents the expected number of interviews and estimated precision of survey estimates for the total interviews and for the Spanish-language interviews. Although this oversampling approach led to a higher yield of Spanish-language interviews compared with a

design where all of the segments were selected PPS, it decreased the precision of the overall estimates by increasing the design effects. Areas with high concentrations of Spanish-language interviews had a much higher probability of selection under this design than they would have had under a PPS design. This design balanced the goals of testing the Spanish-language questionnaire and producing efficient overall estimates.

Table 2.1 Expected Number of Interviews and Precision of Dress Rehearsal Estimates

Number and Precision	Total Interviews	Spanish-Language Interviews
Expected Number of Interviews	2,000	207
Standard Errors (SEs) of Estimates[1]	1.30%	4.08%
Relative Standard Errors (RSEs) of Estimates[1]	12.98%	40.83%

[1] SE and RSE calculations assume a design effect of 2.5 and a prevalence of $p = 0.10$.

2.2.3 Selection of State Sampling Regions and Segments

NSDUH is designed to yield 67,500 interviews from 7,200 segments each calendar year (Morton & Shook-Sa, 2012). Thus, an estimated 200 segments were needed to yield approximately 2,000 completed DR interviews. As discussed in ***Section 2.2.2***, a special certainty stratum was developed to ensure that a sufficient number of DR interviews would be completed in Spanish. As mentioned in ***Section 2.2.2***, 101 of the NSDUH SSRs fell into the certainty stratum and were selected with certainty. To ensure national representation, the remaining 775 SSRs were stratified by census region, and 99 SSRs were selected PPS for inclusion in the DR. Implicit stratification was achieved by sorting the frame of SSRs by the percentage urban and the percentage of interviews completed in Spanish in 2011 prior to selecting the sample.

This design had the benefit of placing much of the sample in heavily populated areas where a sufficient mix of FIs with various experience levels were available to meet the DR staffing needs. As shown in ***Table 2.2***, a large portion of the sample was selected from the eight largest States (i.e., California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas). In addition, the majority of the Spanish-language interviews were expected to be completed in States where bilingual FIs were already employed.

Within each selected SSR, a sample of DUs was drawn from the segment that was retired from use in quarter 1 of the 2013 NSDUH. DUs that were not selected for the main study in 2012 and 2013 were eligible for selection in the field test. If an insufficient number of DUs remained in a segment, or if significant access problems were expected, the segment was replaced with the quarter 3 or quarter 4 2012 retired segment in the same SSR. That is, the quarter 1 2013 segment with insufficient DUs or expected access problems was removed from the sample, and the quarter 3 or quarter 4 2012 retired segment was included in the sample of segments prior to the allocation of DUs across segments. One segment was replaced because it had fewer than 10 DUs remaining, and 10 segments were replaced because of anticipated access problems in the segments.

Table 2.2 Number of 2013 Dress Rehearsal State Sampling Regions and Sample Sizes, by State

State	Population Rank (12 or Older)	Current Design	NSDUH SSR Regions	Number of DR SSR Regions/ Segments	2013 DR Total Interviews	2013 DR Spanish-Language Interviews
CA	1	3,600	48	38	640	60
TX	2	3,600	48	23	265	59
NY	3	3,600	48	15	142	11
FL	4	3,600	48	13	121	22
IL	5	3,600	48	12	96	8
PA	6	3,600	48	4	41	1
OH	7	3,600	48	5	49	2
MI	8	3,600	48	3	29	0
GA	9	900	12	4	23	0
NC	10	900	12	4	44	0
NJ	11	900	12	3	19	0
VA	12	900	12	4	28	0
MA	13	900	12	4	42	0
WA	14	900	12	1	5	0
IN	15	900	12	2	19	0
AZ	16	900	12	7	58	7
TN	17	900	12	3	22	0
MO	18	900	12	2	22	0
WI	19	900	12	5	51	1
MD	20	900	12	2	22	3
MN	21	900	12	2	20	0
CO	22	900	12	3	10	0
AL	23	900	12	3	32	0
SC	24	900	12	1	9	0
KY	25	900	12	1	8	0
LA	26	900	12	2	17	0
OR	27	900	12	1	12	0
OK	28	900	12	1	8	0
CT	29	900	12	1	2	0
IA	30	900	12	1	13	0
MS	31	900	12	0	0	0
AR	32	900	12	1	11	0
KS	33	900	12	2	19	0
NV	34	900	12	5	31	4
UT	35	900	12	2	11	0
NM	36	900	12	4	16	1

(continued)

Table 2.2 Number of 2013 Dress Rehearsal State Sampling Regions and Sample Sizes, by State (continued)

State	Population Rank (12 or Older)	Current Design	NSDUH SSR Regions	Number of DR SSR Regions/ Segments	2013 DR Total Respondents	2013 DR Spanish-Language Respondents
WV	37	900	12	3	35	0
NE	38	900	12	1	7	2
ID	39	900	12	1	1	0
ME	40	900	12	3	34	0
NH	41	900	12	0	0	0
HI	42	900	12	0	0	0
RI	43	900	12	3	7	0
MT	44	900	12	0	0	0
DE	45	900	12	1	4	2
SD	46	900	12	1	15	0
AK	47	900	12	0	0	0
VT	48	900	12	1	14	0
ND	49	900	12	0	0	0
DC	50	900	12	1	4	2
WY	51	900	12	1	9	0
	Total	67,500	900	200	2,087	185

DR = Dress Rehearsal; SSR = State sampling region.

2.2.4 Selection of Dwelling Units

The starting sample size and the sample allocation across the segments were determined based on anticipated eligibility, nonresponse, and the person-level sample selection procedures. Similar to the main study, a small reserve sample (15 percent) of DUs from each segment was selected, and the total sample was partitioned into four probability subsamples within each segment: 100 percent and three 5 percent partitions, for a total of 115 percent. Although the majority of the sample (100/115) was released at the beginning of the DR data collection period, having the additional sample partitions allowed for greater flexibility in controlling the sample size and provided the ability to ensure that the data collection goals were attained within the field period. No additional sample partitions were needed to achieve the target of 2,000 completed interviews.

A total of 5,016 DUs were sampled and yielded 2,087 completed interviews (***Table 2.3***). As shown in ***Table 2.2***, 185 Spanish-language interviews were yielded from the DR sample. The half-open interval procedure for missed DUs was implemented during the DR, but it is not scheduled to be implemented in the 2014 or 2015 NSDUHs. ***Table 2.3*** compares the expected DR unweighted response rates and yields to the actual unweighted response rates and yields.

Table 2.3 Summary of the Dress Rehearsal Sample Design and Results

Statistic	Expected		Actual	
	Total	Unweighted Response Rate[1]	Total	Unweighted Response Rate
State Sampling Regions	200	N/A	200	N/A
Segments	200	N/A	200	N/A
Selected Dwelling Units	5,146	N/A	5,016	N/A
Eligible Dwelling Units	4,426	0.86	4,392	0.88
Completed Screening Interviews	3,673	0.83	3,511	0.80
Selected Persons	2,703	N/A	2,808	N/A
Completed Interviews	2,000	0.74	2,087	0.74

N/A = not applicable; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test.

[1] Expected eligibility and screening rates are the observed rates from the 2012 QFT (unweighted). The expected interview response rate is the observed rate from the QFT adjusted with 2011 NSDUH rates to account for the oversampling of high Spanish-language interview areas.

2.2.5 Age Group Allocations

The respondent sample was allocated to the three major age groups in the following proportions: 25 percent aged 12 to 17, 25 percent aged 18 to 25, and 50 percent aged 26 or older. Among the 26 or older age groups, 15 percent of the sample was allocated to persons aged 26 to 34, 20 percent of the sample was allocated to persons aged 35 to 49, and 15 percent was allocated to persons aged 50 or older. This sample allocation matched the planned allocation for the 2014 NSDUH and the 2012 Questionnaire Field Test (QFT). One implication of the respondent sample allocation by age groups is a potential impact on DR response rates. As with the QFT, having a higher sampling rate for the 26 or older adults identified in DR households compared with the NSDUH main interview had a negative effect on unweighted interview response rates because response rates are typically lower for the 26 and older age group. As shown in ***Table 4.4*** in ***Chapter 4***, both the weighted and unweighted interview response rates for persons younger than 26 were higher than the response rates for persons aged 26 or older. Therefore, sampling more persons 26 or older led to a lower overall unweighted interview response rate for the DR compared with the main study. The unweighted interview response rate for the DR sample was 74.32 percent compared with 78.01 percent for the 2012 main study comparison sample and 80.71 percent for the 2013 quarters 3 and 4 main study comparison sample (see ***Table 4.1*** in ***Chapter 4***). Weighted interview response rates are not affected by the change in age allocation. Although a smaller proportion of 12 to 17 year olds were selected, this age group continued to drive the number of DUs needed (i.e., relative to the total population in this age group, the age group continued to be sampled at the highest rate). Thus, fewer DUs were needed to yield the desired sample than would be needed under the current sample design.

2.2.6 Selection of Persons

After DUs were selected within each DR segment, an FI visited each selected DU to obtain a roster of all persons aged 12 or older residing in the DU. This roster information was used to select 0, 1, or 2 persons for the survey. Sampling rates were preset by segment and age group. Roster information was entered directly into the electronic screening program, which

automatically implemented this stage of selection based on the segment and age group sampling parameters. As indicated in ***Table 2.3***, 2,808 people were selected from within 3,511 screened and eligible DUs, which yielded 2,087 completed interviews.

The sampling algorithm in NSDUH is based on the Chromy and Penne (2002) adaptation of a Brewer (1963, 1975) method for selecting samples of size two. The adaptation allows for selecting samples of 0, 1, or 2 persons within a selected DU containing at least one eligible person. Chromy and Penne (2002) also introduced a pair sampling parameter λ, which governs the number of pairs selected. The following text describes how the sample selection algorithm and pair sampling parameter are implemented for NSDUH.

Define the target selection probability for person *i* in DU *h* as P_{hi} . Then, to ensure that all of the pairs have a positive probability of selection, all of the person probabilities have to be strictly less than 1; and arbitrarily, the maximum P_{hi} is set to 0.99. In Brewer's (unadapted) method of sampling pairs, the sum of the first-order inclusion probabilities is always equal to $n = 2$. However, because the design calls for a selection of 0, 1, or 2 persons per DU, it is unlikely that the sum of person probabilities within a DU sums to 2 (i.e., $S_h = \sum_i P_{hi} = 2$). The following adaptations were then applied to the sampling algorithm.

If $S_h > 2$, a multiplicative scaling factor, $F_h = 2/S_h$, was applied to all of the target selection probabilities so that they were scaled down to sum to exactly 2.

If $S_h < 2$, the problem was remedied by creating three dummy persons and distributing the remaining size measure $(2 - S_h)$ to them equally (i.e., the inclusion of dummy persons in the selection could result in the selection of 0 or 1 actual persons). Operationally, this initially required the application of the following multiplicative scaling factor to the person probabilities:

$$F_h = \min\left\{\frac{2}{S_h}, \frac{0.99}{\max(P_{hi})}\right\}.$$

However, a further modification was applied to this scaling factor that allowed some flexibility in the actual number of pairs selected. This modification was governed by the pair sampling parameter λ. Define

$$T(\lambda) = S_h + \lambda(2 - S_h); 0 \leq \lambda \leq 1.$$

Then the modified multiplicative scaling factor was expressed as

$$F_h^* = \min\left\{\frac{T(\lambda)}{S_h}, \frac{0.99}{\max(P_{hi})}\right\}.$$

Simulation analyses resulted in the selection of λ = 0.50 for the 2002 to 2013 NSDUH sample designs. However, changes to the 2014 sample design with respect to age group and State necessitated further simulation analyses to identify the value of λ best suited for the 2014 design. Simulation analyses based on the 2012 screening data, modified to reflect the required 2014 age group sample proportions (but not modified to reflect the new State proportions), were conducted, and λ = 0.25 was selected.[1] ***Table 2.4*** displays expected pair selection counts for the

[1] This 0.25 value was finalized for the 2014 NSDUH on November 25, 2013.

2014 NSDUH (scaled to sum to 67,500) for different values of λ in the simulation exercise, and *Table 2.5* displays the corresponding unweighted response rates. However, these simulation analyses had not been conducted in time to be implemented for the QFT and DR studies; therefore, λ = 0.50 was used for these studies. The selection of λ = 0.50 for the DR also maintained consistency with the QFT, 2012, and 2013 DR comparison samples.

Table 2.4 Simulated Pair Selection Counts for Different Values of λ

Age Group for Pairs	λ =				
	0.00	**0.25**	**0.50**	**0.75**	**1.00**
12+, 12+	18,054	22,752	28,630	34,047	37,809
12 - 17, 12 - 17	2,951	3,041	3,169	3,340	3,489
12 - 17, 18 - 25	2,170	2,326	2,517	2,671	2,775
12 - 17, 26+	5,211	6,208	7,317	7,726	7,956
18 - 25, 18 - 25	2,728	3,185	3,606	4,142	4,576
18 - 25, 26+	2,962	3,833	4,908	5,629	5,867
26+, 26+	2,032	4,160	7,113	10,538	13,146

Table 2.5 Simulated Pair Unweighted Response Rates for Different Values of λ

Age Group for Pairs	λ =				
	0.00	**0.25**	**0.50**	**0.75**	**1.00**
12+, 12+	72.7	71.4	70.3	69.3	68.7
12 - 17, 12 - 17	81.4	81.4	81.4	81.4	81.4
12 - 17, 18 - 25	76.1	76.1	76.1	76.1	76.1
12 - 17, 26+	74.8	74.8	74.8	74.9	74.8
18 - 25, 18 - 25	71.2	71.2	71.2	71.2	71.2
18 - 25, 26+	67.1	67.1	67.1	67.1	67.1
26+, 26+	61.7	60.7	60.4	60.1	59.8

2.3 Field Preparations

This section describes the procedures undertaken to plan and implement the DR data collection.

2.3.1 Preparing Field Equipment

2.3.1.1 Hardware Selection

As part of the process to resupply field staff with new data collection equipment for the 2015 NSDUH, the NSDUH team has been engaged in an ongoing equipment evaluation process. In early 2012, after considering both a one-device and a two-device approach for equipment resupply, the Substance Abuse and Mental Health Services Administration (SAMHSA) and RTI decided to proceed with a two-device approach that involves the use a small mobile Android tablet for doorway screening and a lightweight conventional Windows laptop for interviewing. As part of the QFT, a small mobile tablet computer (Samsung Galaxy Tab 7.0") was tested as a screening device. The tablet proved to be durable and reliable and was very well received by the

FIs because of the bright, large 7-inch display and the fact that the FIs felt that the touch-screen interface was efficient and easy to use. As a result, the Samsung Galaxy Tab 7.0" was employed for doorway screening in the DR.

The next step was to test a lightweight laptop for conducting the NSDUH interviews. The DR presented an ideal opportunity to field test a smaller and lighter laptop. After considering a variety of laptop models ranging in display size from 13 to 15 inches and in weight from 2.5 to 6.0 pounds, SAMHSA and RTI narrowed the options to two lightweight models offered by Samsung and Lenovo that were purchased for further hands-on evaluation. The Samsung Series 9 Ultrabook was the lightest of all models (weighing 2.5 pounds) and has a screen display size of 13.3 inches, while the Lenovo ThinkPad X1 Carbon was slightly larger with a 14-inch display and a weight of 3.0 pounds. Both laptops include a solid-state drive (SSD), which is typically considered faster to boot and less vulnerable to physical shock than traditional electromechanical hard disk drives (HDD). SAMHSA decided to proceed with the Samsung laptop for the DR field test primarily because of its brighter, crisper, and more colorful display and its light weight.

2.3.1.2 Software Development

In preparation for the DR training and data collection, the programming team developed screening, interview, and transmission software for all devices, as well as modified the case management system (CMS) to accommodate the DR case assignment and transfer requirements. The screening software developed for the Samsung Galaxy Tab 7.0" used in the QFT was used again for the DR with several enhancements, including an integrated calendar for setting appointments, a call distribution function that enables FIs to see their record of calls (ROC) distributed across time of day and day of week, and a stand-alone wireless transmission component that enabled FIs to transmit screening data independently of the NSDUH laptop.

In addition to training the DR FIs on using the default tablet keypad, a second keypad, called the "hacker's" keypad, was loaded onto tablets as an alternative for the DR. The hacker's keypad is more similar in layout to the iPAQ keyboard in that the main view displays the number keys across the top of the keyboard. This feature means that FIs do not need to change the keyboard view to enter numbers versus letters.

Also, the tablet was configured with an email program that was tested during the DR and allowed FIs to both send and receive messages. FIs were trained that this email capability is not for private use, but primarily for communication with their field supervisor (FS).

NSDUH's computer-assisted interviewing (CAI) software was modified to fit the 13.3-inch display of the laptop and to incorporate all of the approved changes recommended from the QFT. Transmission software was modified to enable tethered transmission between the Android tablet and the new Windows 7 laptop via Wi-Fi or independent transmission on each device via Wi-Fi. More information is provided on the screening and questionnaire changes for the DR in ***Section 2.4.1***.

2.3.1.3 Preparing and Implementing the Equipment

The programming team prepared and quality checked the master configurations for the field test equipment. Once the master configurations had been reviewed for quality control

purposes, the technical support group duplicated the masters to produce the quantity of equipment needed for the DR training and data collection. FIs completed equipment survey questions (***Appendix D***) to provide structured feedback about the new laptop, tablet email program, tablet keypad options, and transmission. Also, calls made to the NSDUH technical support group were monitored in order to assess any hardware, software, and transmission problems encountered by the FIs while using the DR equipment.

There were important advantages to integrating the evaluation of the new laptop into the DR. Using a new laptop allowed for an evaluation of the viability of the chosen device. One significant consideration was that the Samsung laptop has a smaller display (13.3 inches) than the current Gateway laptop used for NSDUH (15.4 inches). The results of the initial hands-on evaluation indicated that despite its smaller size, the bright, crisp display of the Samsung was sufficient for displaying the NSDUH interview. Information gathered in the DR demonstrates that the smaller display is large enough to effectively present the NSDUH interview. Also, the Samsung laptop is much lighter (2.5 pounds) than the current Gateway laptop (6.8 pounds) and is designed to be used primarily with Wi-Fi Internet access, which offers a significant advantage with regard to portability.

Introducing a new laptop for the DR also presented some challenges to overcome. The CAI interview and laptop transmission software were modified to run on the new laptops, which was configured with Windows 7 operating system (as opposed to the current operating system, Windows XP). The QFT tablet software was enhanced to support direct Wi-Fi based transmission of tablet data, and the tablet email client was configured to access FI email accounts. Modifications to the Web-based CMS were necessary to accommodate the case assignment and transfer needs of the DR. Finally, the Samsung laptop did not contain an internal dial-up modem or Ethernet port, which meant that FIs using these devices had to use Wi-Fi Internet or external Ethernet/dial-up adapters to transmit data back to RTI. All of the NSDUH FIs recruited for the DR indicated that they had Wi-Fi Internet access at home or had easy access to a Wi-Fi network. A small set of Ethernet and dial-up adapters was purchased in case the FIs encountered significant problems using Wi-FI transmission. None of the dial-up modems were needed during the DR, and one FI temporarily used an Ethernet adapter to transmit while she was resolving problems with her home wireless network.

It should also be noted that equipment models change frequently. It is unlikely that the exact equipment used in 2013 will be available for purchase for 2015 when new equipment will be needed. However, devices with similar form factors, including similarly sized displays, will likely be available for deployment in 2015.

2.3.2 Staffing

The field management team and structure for the 2013 DR were identical to those used for the 2012 QFT and the 2013 main study. All of the FIs selected for the DR also collected data during the 2013 main study's quarters 3 and 4, which overlapped with the DR field period. FIs were chosen for the DR data collection based on several factors. Initial consideration of FIs was determined by proximity to DR segments. Field managers analyzed the DR sample distribution to determine which FIs would be strategic choices for consideration, taking into account the high Spanish-speaking segments included in the sample. Location and bilingual status, however, were not the only determining factors.

Length of service on NSDUH was also an important selection criterion for DR FIs. The goal for the DR interviewing team was to have a mix of veteran and newer FIs working on the DR data collection effort that was similar to the distribution for FIs working in quarters 3 and 4 of the main study. FIs who had attended the January 2013 new-to-project (NTP) training session or who had attended an earlier NTP session were eligible for selection for the DR data collection. ***Table 2.6*** shows the distribution of the DR FIs by tenure level compared with the FIs from the 2013 main study's quarters 3 and 4 who were collecting data at the same time.

Table 2.6 Tenure Distribution of 2013 Quarters 3 and 4 Main Study Field Interviewers Compared with 2013 Dress Rehearsal Field Interviewers

Number of Quarters Worked on NSDUH Since 2005	2013 Quarters 3 and 4 NSDUH Field Interviewers		2013 Dress Rehearsal Field Interviewers		Difference between 2012 QFT and 2013 DR
	Count	Percent	Count	Percent	Percent
0 - 4	147	19.9	6	4.5	-15.4
5 - 8	101	13.7	17	12.8	-0.9
9 - 12	78	10.6	19	14.3	3.7
13 - 16	56	7.6	15	11.3	3.7
17 - 20	27	3.7	3	2.3	-1.4
21 - 24	53	7.2	14	10.5	3.3
25 - 28	34	4.6	7	5.3	0.7
≥ 29	241	32.7	52	39.1	6.4
Total	737	100.0	133	100.0	N/A

DR = Dress Rehearsal; N/A = Not applicable; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test.

NOTE: Percentages may not sum to 100 percent because of rounding.

Proximity to sample segments and experience level were balanced with each FI's previous data quality and cost-efficiency results, availability, and dependability to take on the additional DR work from September 1 through October 31, 2013. FIs who had poor data quality ratings or high costs on their main study work were not considered for the DR data collection. A group of alternates was also recruited as replacements in case there was any attrition among the initially selected group of FIs. In total, 133 FIs successfully completed the DR FI training and conducted the DR data collection (see ***Section 2.3.3***).

2.3.3 Training Procedures

2.3.3.1 Training Materials

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

- DR FI handbook that contained protocols and procedures for conducting work on the DR;

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

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

As part of the DR training plan, an electronic multimedia and interactive training application, referred to as iLearning (which stands for independent learning), was used. Using iLearning allowed FIs to complete an introductory DR iLearning course at their own pace and review portions of the course again as needed. The DR iLearning course consisted of slides with both text and graphics, an audio component providing important information and instructions, a training video, interactive practice exercises, and an assessment portion to ensure each FI's comprehension of the DR material presented during the course and within the DR FI handbook. At the end of the course, assessment results were transmitted to RTI and posted to the CMS for field management staff review. The DR iLearning course was completed by all of the FIs who were selected for the DR prior to their attending the in-person training. All 140 DR FIs scheduled to attend the in-person DR FI training sessions successfully completed and passed the DR iLearning course. (See ***Section 2.3.3.3*** for more details on the number of FIs who actually completed the DR FI training sessions.)

2.3.3.2 Training and Materials for Trainers and Field Management Staff

The training teams for the in-person session consisted of a lead trainer (an experienced project instrumentation or operations team member), an assistant trainer (a survey specialist), and a technical support representative. In addition, two site leaders, a logistical assistant, and a lead technical support manager handled operations at the training site. All of the training staff received the same handbook and iLearning course that were sent to the FIs, as well as a near-verbatim training guide containing detailed instructions and text to ensure that all of the necessary instructional points were covered.

To prepare trainers for their role at the in-person FI training session, a master trainers' session was held on RTI's main campus in North Carolina on August 1, 2013. Additional RTI staff selected to complete DR FI observations with RTI-certified bilingual DR FIs (see ***Section 2.3.3.4***) also attended to increase their knowledge of NSDUH and DR protocols.

The session was led by members of the instrumentation team who reviewed all portions of the DR training guide and materials, as well as the logistics for the DR FI training and instruction on the equipment being used. In addition, a short kickoff meeting was held with trainers at the training site on August 23, 2013, to further review pertinent training guide details and important reminders so that all of the trainers were fully prepared to conduct the session.

To ensure that NSDUH's regional supervisors (RSs) and field supervisors (FSs) could appropriately manage DR FIs during the DR data collection, each RS and FS received the DR handbook and iLearning course sent to the FIs, as well as a DR management guide outlining the administrative duties and questions they might encounter. On August 6, 2013, members of the management team led a special video-streamed DR management session for all of NSDUH's data collection management staff, including FSs, RSs, and regional directors (RDs), as well as other NSDUH team members. During the session, the leaders reviewed the DR schedule and procedures, along with staff roles and responsibilities, and answered questions related to managing the DR fieldwork.

2.3.3.3 Field Interviewer Training Sessions

Training for DR FIs was held in Bethesda, Maryland, during two separate sessions. Session A was held on August 24 and 25, 2013. Session B took place on August 26 and 27, 2013. Of the 140 DR FIs scheduled to attend the in-person DR FI training, 1 FI was unable to attend the training due to illness. Of the 139 DR FIs who attended the DR FI training sessions, 135 FIs successfully completed the training. Four FIs demonstrated significant performance issues during the DR training session and, therefore, did not successfully complete the training. These FIs were excused from the DR data collection, and the cases originally assigned to them were reassigned to other FIs.

Of the 135 FIs who successfully completed the DR FI training, 62 FIs had also been trained as FIs for the QFT. ***Table 2.7*** summarizes the results of the DR FI training sessions.

Table 2.7 Dress Rehearsal Field Interviewer Training Program

DR FI Training Session	FIs Attending	FIs Successfully Completing Training	FIs Trained on the QFT	Bilingual FIs Successfully Completing Training
Session A (August 24 and 25, 2013)	70	68	34	21
Session B (August 26 and 27, 2013)	69	67	28	20
Total DR FIs Completing Training	139	135	62	41

DR = Dress Rehearsal; FI = field interviewer; QFT = Questionnaire Field Test.

With the inclusion of Spanish-language instruments and materials for the DR, a bilingual FI training session was conducted at the end of day 2 for both the A and B sessions of the DR FI training. During these bilingual training sessions, a total of 41 veteran, RTI-certified bilingual FIs participated and successfully completed the training (see ***Table 2.7***).

The DR FI training program included an initial self-study component (completed at home prior to attending the in-person training) in which FIs read the DR FI handbook and completed the DR iLearning course. During the 2-day in-person classroom training, FIs had hands-on

practice with the DR equipment, programs, and DR-specific procedures. In addition to detailed instruction on specific DR procedures, FIs were reminded of key NSDUH protocols, such as reading all screens verbatim, protecting respondent privacy, and following administrative procedures. The 2-day DR FI training agenda is provided in ***Exhibit 2.1***.

Day 1. Training classes began with an introduction to the DR and the FI's responsibilities on the study. The next topic focused on the DR equipment and provided instruction in the use of the laptop computer hardware and the basics of the tablet hardware and software, including the screening program. After a short break, the FIs learned about locating and contacting respondents, completed a group walk-through of a DR screening, and were able to practice effectively answering respondent questions and dealing with nonresponse, as well as using the tablet for screening as they completed paired mock screening exercises.

Following a lunch, FIs were introduced to the DR interview materials and procedures and completed a group walk-through of a DR interview. The FI debriefing questions were covered, as well as additional tips for answering DR-related respondent questions and dealing with nonresponse. After a break, the late afternoon session was spent completing two paired mock screening and interview exercises to gain more practice with the overall DR process. During all of the paired mock exercises, FIs were observed by trainers and were given constructive feedback on their performance and understanding. This was also a time when retraining could take place and FIs could ask questions.

All of the FIs were invited to attend an evening FI laboratory session for additional practice or assistance. For homework during the evening, FIs completed a DR screening and interview exercise and some additional tasks on the tablet. RTI-certified bilingual FIs completed the evening homework using the Spanish-language versions of the DR screening and interview.

Day 2. The training session on day 2 started with instruction on the transmission process and how to troubleshoot problems with the equipment. The homework from the previous evening was also reviewed. FIs practiced actual transmission procedures to ensure that everything was working properly, both with a combination tablet/laptop transmission and a tablet-only transmission. The FIs in Session A also received their assigned DR cases. The FIs in Session B transmitted again later in the day to pick up the patch for the CAI instrument; they were told to transmit again from home to receive their cases. The Session A FIs also transmitted again from home to pick up the patch before beginning data collection. (See ***Section 2.4.8*** for more information regarding the CAI patch.)

Also in the morning on day 2 of training, FIs completed two more paired mock exercises while their trainers observed them, and they received feedback from their trainers. Starting late in the morning and continuing after lunch, administrative tasks were reviewed, including email on the tablet, reporting to their FS, how to record time and expenses, and tips on organization. During a session wrap-up in the midafternoon, key procedures and protocols of the DR were reviewed, and FI questions were answered. FIs also completed the first installment of the FI feedback survey covering the training topics. (See ***Section 5.2*** for details and results of the DR FI training survey.)

Exhibit 2.1 Dress Rehearsal Field Interviewer Training Agenda

DAY 1	DAY 2
8:30 (1) Introduction to the Dress Rehearsal (DR) [20 minutes] • Introductions • Training Agenda • DR Overview • DR Field Interviewer (FI) Responsibilities **8:50 (2) Introduction to the DR Equipment [1 hour, 10 minutes]** • Reviewing the Equipment Assignment and Receipt Form (EARF) • Laptop Hardware • Getting Started on the Laptop • Tablet Hardware • Getting Started on the Tablet • Equipment Care & Maintenance **10:00 Break** **10:15 (3) Administering the DR Screening [1 hour, 45 minutes]** • Locating & Contacting Respondents • Screening Procedures • DR Screening - Group Walk-Through • Answering Respondent Questions & Nonresponse • DR Paired Screening Exercises **12:00 Lunch** **1:00 (4) Administering the DR Interview [2 hours]** • Interview Materials & Procedures • DR Interview - Group Walk-Through • FI Debriefing Questions - Interview • Answering Respondent Questions & Nonresponse **3:00 Break** **3:15 (5) DR Paired Mocks 1 & 2 [1 hour, 45 minutes]** • Review of DR Process • Paired Mocks 1 & 2 • Review of Paired Mocks 1 & 2 • Day 1 Question • Day 1 Wrap-Up **5:00 Adjourn** **6:00 – 8:00 Field Interviewer Lab** **Homework Exercise**	**8:30 (6) Transmission & Troubleshooting [45 minutes]** • Review of Homework Exercise and Answer FI Questions from Day 1 • Transmission Procedures (including Actual Transmission) • Troubleshooting & Technical Support **9:15 (7) DR Paired Mocks 3 & 4 [2 hours]** • Paired Mocks 3 & 4 **10:00 Break** **10:15 (7) DR Paired Mocks 3 & 4 (continued)** • Review of Paired Mocks 3 & 4 **11:30 (8) Administrative Tasks [1 hour, 15 minutes]** • Email on the Tablet **12:00 Lunch** **1:00 (8) Administrative Tasks (continued)** • Reporting to Field Supervisor (FS) • Recording Time & Expenses • Organization **1:45 (9) Session Wrap-Up [45 minutes]** • Review of Key Procedures & Protocols • Day 2 Questions • FI Feedback Survey • Wrap-Up **2:30 Adjourn [Bilingual FIs have a 15-minute break]** **2:45 (10) DR Bilingual FI Training [1 hour, 30 minutes]** • Introductions • Overview of Translation Process • Review of Spanish-Language DR Materials • Review of Spanish-Language DR Screening Instrument • Review of Spanish-Language DR Computer-Assisted Interviewing CAI Instrument (Audio Computer-Assisted Self-Interviewing [ACASI] Changes and Computer-Assisted Personal Interviewing [CAPI] Questions) • Handling Respondent Questions & Nonresponse with Spanish-Speaking Populations **4:15 Adjourn**

2.3.3.4 Bilingual Field Interviewer Training Sessions

With the inclusion of Spanish-language instruments and materials for the DR, bilingual NSDUH DR FIs who passed certification procedures administered by RTI's Spanish-language specialists participated in an additional bilingual FI training session at the end of day 2. For both the A and B sessions of the DR FI training, there were two classrooms for the bilingual training.

The sessions were led by two of the Spanish-speaking RTI language specialists who assisted with the translation and development of the DR Spanish-language questionnaire and the development of the bilingual training guide's contents. Members of the instrumentation team provided additional support.

Prior to attending this in-person session, bilingual FIs reviewed the Spanish-language versions of all respondent materials and completed the day 1 homework using the Spanish-language DR screening and interview instruments. FIs were asked to make note of any questions about the translations and DR changes to discuss during the training session.

During the 90-minute in-person session, bilingual FIs reviewed the Spanish-language versions of the DR materials, screening, and CAI instruments, and they discussed issues specific to dealing with Spanish-speaking respondents.

2.4 Data Collection Procedures

This section describes the procedures followed in conducting the DR data collection, which was fielded from September 1 through October 31, 2013.

2.4.1 Questionnaire and Protocol Changes for the 2013 Dress Rehearsal

The DR screener and questionnaire used the QFT survey instruments as a base and made appropriate edits to question text, response options, and routing logic. To document the changes made to the main study screener and questionnaire from the 2012 protocol for the QFT and further changes made to the QFT screener and questionnaire for the DR, ***Appendix A*** includes the following tables of screener and questionnaire changes:

- ***Table A.1*** Changes between the 2012 NSDUH Screener and the 2012 Questionnaire Field Test (QFT) Screener;
- ***Table A.2*** Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire;
- ***Table A.3*** Changes between the 2012 Questionnaire Field Test (QFT) Screener and the 2013 Dress Rehearsal (DR) Screener; and
- ***Table A.4*** Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire.

Table A.1 in ***Appendix A*** lists the changes made to the QFT screener and questionnaire in preparation for the DR. These edits are not as far-reaching compared with the edits that were made to prepare the QFT questionnaire. (The QFT edits are also included in ***Appendix A***.)

The edits are organized by questionnaire module, and a justification for making each edit is included where applicable. Edits were made to the questionnaire programs to reflect updated analytic goals, to correct inconsistencies that were present in the QFT questionnaire, and to improve questions per recommendations stemming from the QFT analysis. A selected number of these edits are listed here:

- A question was added in each prescription drug module to ask about initiation of the misuse of prescription drugs more than 12 months ago if the only definite reports of initiation occurred in the past 12 months, or all initiation data were missing. This question was added to produce accurate estimates of recent initiation.
- The wording of the medical marijuana questions was edited to include "or other health care professional" for specificity. This wording change was also made in the 2013 NSDUH questions.
- Two new questions were added to the back-end demographics module to ask about sexual attraction and identity of adults.
- The military family questions were edited to include the definition of "immediate family" in the question and to provide an "Other, Specify" response to the relationship question.
- Questions about the size of the workplace were deleted from the employment module. Also, a question about whether income or pay was earned while working at a job or business was deleted from the income module.

Changes that were introduced in the QFT survey instruments were carried through to the DR as well. These changes represent a departure from the main study NSDUH instrument and are listed in ***Table A.2*** in ***Appendix A***. The majority of instrumentation changes made to the main study NSDUH occurred in the QFT. The DR served to refine these changes, identify minor issues that needed resolution, and implement edits to the questionnaire that were recommended from the QFT analysis. In order to provide a comprehensive list of items that were changed during the redesign process, compared with the main study NSDUH, this chapter also includes a discussion of the changes that were first implemented in the QFT.

Revisions implemented and evaluated for the QFT included the following:

- revised the contact materials that describe the survey to respondents, including the lead letter and a Q&A brochure;
- made general questionnaire revisions to improve questions that cause known or suspected problems with data, to add new content to address current data needs, to reduce errors associated with usability problems in the design and layout of the CAI questionnaire, and to group questions about various substances in a more intuitive manner;
- revised the front-end demographic questions;
- added a new methamphetamine module;

- revised the questionnaire modules on prescription drugs to improve the measurement of nonmedical use of prescription drugs (Colliver, Kroutil, Dai, & Gfroerer, 2006), to ask about any use of these drugs prior to measuring misuse, to add questions about drugs that are newly available on the market, to delete questions about drugs that are no longer commercially available, and to add questions about any use of these drugs;
- revised the questionnaire modules for special drugs (needle use), consumption of alcohol, health, and back-end demographics questions;
- deleted the industry and occupation questions;
- moved the electronic pill images and a reference date calendar so they display on the laptop screen where appropriate during the audio computer-assisted self-interviewing (ACASI) portion of the interview (as opposed to the hard-copy versions of these materials used in the current NSDUH questionnaire administration);
- added new questions on disability status and primary language in response to U.S. Department of Health and Human Services (HHS) data standards;
- added new questions about military families;
- edited the definition of binge drinking for females, which was identified during consultations within and outside SAMHSA;
- converted the back-end demographics module to ACASI from computer-assisted personal interviewing (CAPI) to decrease FI burden and allow for greater respondent privacy and shorter administration times;
- added a new tutorial module to introduce proxy respondents to the CAI instrument and to help them answer the new self-administered proxy questions about respondent and household income and health insurance; and
- modified a question about landline telephones and added a new question about cellular phones in the home.

In addition to these changes to the materials, questionnaire, and procedures, QFT FIs tested the use of a new Samsung Galaxy Tab 7.0", a touch-screen Android tablet computer, for screening, interview respondent selection, and case management. Each of these changes was also included in the DR protocol and instruments.

Additional edits are planned for implementation in the 2015 NSDUH screener and questionnaire. Edits that have been approved for inclusion in the 2015 CAI questionnaire as of December 19, 2013, are listed in ***Table A.3*** in ***Appendix A***. These changes were proposed in response to experiences during DR training, DR field observations, recommendations from FIs, and feedback received during the DR debriefing calls. In addition, an analysis of the levels of item-missing data in the health insurance and income modules in the QFT revealed an increase in "don't know" and "refused" responses for selected items that were administered using ACASI and because there were large changes in certain estimates such as estimates of private insurance. The change in mode from the main study was hypothesized to be correlated with this increase in item-missing data. Because it cannot be established that these estimates are more accurate, the 2015 instrument will return these modules to an interviewer-administered mode. These changes are listed among the approved edits in ***Table A.4***.

2.4.2 Contacting Dwelling Units

The procedures for contacting respondents during the DR were the same as those used for the NSDUH main study, with the exception of a few changes to the terminology and contact materials used with respondents. Similar to the QFT, when contacting respondents, FIs referred to "RTI International" (or "RTI") and the "U.S. Department of Health and Human Services (DHHS)," as opposed to "Research Triangle Institute" and the "U.S. Public Health Service." These updates were reflected in all field materials, including the lead letter, study description, Q&A brochure, "Sorry I Missed You" (SIMY) card, Spanish card, interview appointment card, "Who Uses the Data?" sheet, RTI/SAMHSA fact sheet, interview incentive receipt, certificate of participation, and the door person letter. The majority of the DR field materials were printed on gray paper and had the DR version number (v. DR 9.13) in the lower right corner in order to distinguish them from the NSDUH main study materials.

Aside from any annual updates to reflect the survey year, only the Q & A brochure and questionnaire summary were modified from the QFT. In the Q&A brochure, a picture was replaced because the picture in the QFT version showed a respondent using a paper reference date calendar. The questionnaire summary was updated to read in the third person, and some terminology and wording in the tobacco products and illicit drugs sections were revised to match the questionnaire. Additionally, because the interviews were conducted in Spanish for the DR, all of the DR field materials were translated to Spanish. The Spanish-language versions of the DR materials were printed on blue paper and included the DR version number.

2.4.2.1 Lead Letters

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

The lead letter was the same as the one used during the QFT. The main study lead letter was modified for the QFT and DR with redesigned content and format changes to the FI ID and letterhead. As previously mentioned, the "U.S. Public Health Service" reference was replaced with the "U.S. Department of Health and Human Services" in the letter. Additionally, the letters were preaddressed to include the county, parish, or district name as part of the address and salutation. These changes were based on a contact materials redesign study, which included 12 English-language focus groups and five Spanish-language focus groups in five metropolitan areas in the United States (Currivan et al., 2009).

2.4.2.2 Introduction, Study Description, and Informed Consent

When in-person contact was made with an adult resident of an SDU, the DR FIs followed the same introductory and informed consent scripts and procedures for the screening as were used during the NSDUH main study, with one exception. As mentioned previously, the "U.S.

Department of Health and Human Services" was identified as the sponsor of the study, and "RTI International" was used instead of "Research Triangle Institute" in the study introduction script. These same wording changes were made to the study description. All other informed consent procedures remained the same for the DR, including handing a study description to the respondent. The only change to this process between the QFT and DR was the addition of the Office of Management and Budget (OMB) number and burden statement to the study description.

2.4.2.3 Callbacks

FIs followed similar guidelines for callbacks during the DR as the main study and QFT, including the use of SIMY cards and appointment cards. In cases where no one was at home during the initial visit to the SDU, the FI left a SIMY card to inform the resident(s) that the FI planned to make another callback at a later date and time. Appointment cards were used to remind respondents when the FI would return to complete the interview. If the FI was unable to contact anyone at the SDU after repeated attempts, the FI requested an unable-to-contact (UTC) letter. During the DR, these letters were not actually sent to respondents, however, because of a system error (see ***Section 2.4.8.2***).

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

2.4.3 Dwelling Unit Screening

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

2.4.4 Interview Administration

FIs conducted the DR interviews using the same techniques as employed in the main study; however, they were trained to answer common respondent questions based on specific DR procedures. For example, FIs used the DR naming conventions of "RTI International" and the "U.S. Department of Health and Human Services" rather than "Research Triangle Institute" and the "U.S. Public Health Service." To describe the types of questions asked, the FIs provided respondents with the DR version of the summary of the questionnaire, but FIs were instructed to

never tell respondents that they were part of a field test or provide specific sample size information. The major change to the DR from the main study and QFT was the use of a new lightweight Samsung laptop (described in ***Section 2.3.1***). Also, unlike the QFT, the DR questionnaire was translated into Spanish.

2.4.4.1 Informed Consent and Getting Started

Prior to beginning a DR interview, FIs obtained informed consent using the same procedures employed in the main study. This included reading the DR version of the appropriate introduction and informed consent scripts from the DR showcard booklet before the interview began and providing the DR study description to the respondent if not already given one during the screening. Similar to the QFT, the informed consent scripts were modified for the DR from the main study version to ensure that respondents were accurately informed about the study. Specifically, the main study informed consent states that the individual respondent will represent thousands of others. Because the representativeness of each respondent differs in the DR sample, the sample size information was removed from the DR script. In addition, the reference to the "U.S. Public Health Service" in the introduction and informed consent scripts for respondents aged 18 or older was replaced with the "U.S. Department of Health and Human Services." Respondents in the DR were not informed that the interview was part of a field test.

2.4.4.2 Computer-Assisted Interviews

FIs began the DR interview with the front-end CAPI section, which contained demographic questions similar to those on the main study with a few key differences. As with the QFT, new questions were added regarding the respondent's prior military service, two new categories were added to the race question ("Guamanian or Chamorro" and "Samoan"), and response categories were adjusted in the education-level question. The new race categories were also added to the 2013 and 2014 NSDUH main study questionnaire. As in the main study interview, the FI introduced the respondent to the computer prior to the respondent completing the practice session and ACASI section on his or her own. As noted in ***Section 2.4.1,*** there were several key changes to the ACASI portion of the main study interview for the QFT and DR, including the electronic reference calendar and on-screen pill cards. Also, for the DR only, two new sexual orientation questions were asked of adults.

Following the ACASI section of the interview, the FI took the computer back and asked the household roster questions. Following these questions, the FI inquired about the use of a proxy for the health insurance and income questions. For the DR and the QFT, a second ACASI section administered the health insurance and income questions. If a proxy was used, the FI introduced the proxy to the computer prior to the proxy completing a short practice session and the health insurance and income questions on his or her own. However, if the respondent answered the questions or the proxy had previously used the computer, there was no additional practice session.

In addition to the new sexual orientation questions, questionnaire changes between the QFT and DR included routine updates to routing and logic, minor changes to question wording throughout the instrument to clarify intent, and the deletion of a question in the employment module about the number of employees who work at the respondent's business. A question about

whether the respondent earned wages or pay from working was also deleted from the income module. A question about whether the respondent earned wages or pay from working also was deleted from the income module, and this source was added to the list of income sources. Differences between the main study NSDUH, the QFT, and the DR are explained in ***Section 2.4.1***.

2.4.4.3 End of Interview Procedures

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

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

As in the QFT, the FI debriefing questions were removed from the end of the interview because these questions were answered in the tablet upon entering a code of 70 for the completed interview. This change allowed the FIs to answer the questions after leaving the household and reduce the length of time in the respondent's home. The questions were answered by the FIs based on the interview and any comments the respondent may have offered. After entering a code 70 to document a completed interview, the FI was prompted by the tablet to complete the debriefing questions. The questions were not read out loud to the respondent; rather, the FI completed them on his or her own after leaving the SDU.

2.4.5 Controlled Access Procedures

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

2.4.6 Refusal Conversion Procedures

Refusal conversion procedures followed during the DR were similar to those used for the NSDUH main study and the QFT. If a potential respondent refused, the FI attempted to address the respondent's concerns and was trained to accept the refusal in a positive manner, thereby avoiding the possibility of creating an adversarial relationship and precluding future opportunities for conversion. If the potential respondent still refused to participate, a refusal letter was requested by the FI. The refusal letter was tailored to the specific concerns expressed

by the potential respondent and asked him or her to reconsider participation. Based on the refusal situation, an in-person conversion was then generally attempted by the original FI or another DR FI available nearby or on travel assignment. In certain FS regions, another FI was not available nearby or on travel assignment because of the small number of cases remaining in the area. Also, refusal letters were requested by DR FIs, who thought the letters were sent to respondents, but the letters were not sent because of a system error (see ***Section 2.4.8.2***).

2.4.7 Data Collection Management and Quality Control

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

2.4.7.1 Web-Based Case Management Reports

The Web-based CMS housed a DR reports page that mirrored the NSDUH main study reports pages and was the same as was used for the QFT. The following daily reports were available for case management on the DR: daily FS and State response rate report, daily status reports, edited address reports, duplicate address reports, and recruit reports. The following weekly reports were also available on the CMS: executive summary report (including production and cost data), data quality summary report, missing screening data report, ROC time discrepancies, and interview length report. These reports were the same as the main study reports except that DR data were used. To help track the status and progress of the DR, weekly response rate, interview completion, and cost reports comparing the DR with the QFT were also available to project and field management for the DR.

2.4.7.2 Field Interviewer Observation Procedures

In conjunction with DR data collection, field observations of FIs were conducted by RTI staff and SAMHSA staff members. RTI staff included language methodologists, training and field materials team members, instrument assessment and development team members, among others. Groups of three to four FIs were chosen for field observations in each of seven metropolitan areas: Miami, Florida; New York, New York; Los Angeles, California; San Francisco, California; Dallas, Texas; Houston, Texas; and Chicago, Illinois. RTI staff also observed FIs locally in North Carolina. SAMHSA staff observed an additional four FIs in Louisiana, Maryland, Virginia, and the District of Columbia. These observations covered interviews completed in both English and Spanish. Spanish-speaking bilingual observers conducted all observations of interviews conducted in Spanish. An observation was considered complete only after a full interview was observed; therefore, observations where only screenings or partial interviews took place were not considered complete.

Observers used the DR field observation screening checklist and the DR field observation interviewing checklist to document their observations. A field observer reference sheet and a field observer task list were used to help maintain consistency in planning observation assignments and interacting with FIs and respondents (see ***Appendix G***). Observers were asked to ensure that a field observation FI instruction sheet was sent to each FI prior to the FI's arrival

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

Observers were asked to transfer information from paper field observation screening checklists and field observation interviewing checklists to spreadsheets designed specifically for the DR field observations. The DR field observation manager then used the spreadsheets to process the results of the field observation, which included issuing any appropriate disciplinary action, creating a retraining plan to address any observed errors, and sending any comments about the performance of the questionnaire, equipment, or materials to the appropriate RTI staff member.[2]

The same standardized retraining process from the NSDUH main study was used for the DR field observations. After the DR field observation manager reviewed each observation form for an FI who had errors reported on his or her observation, a member of the NSDUH operations team completed a document referred to as the FI retraining template. This template indicates the errors the FI made, the type of retraining required, and the dates by which the retraining must be completed. The FS used this form to provide standardized feedback and retraining (as scripted on the template) and issued any appropriate disciplinary action as directed by the DR field observation manager. Results of the field observations are provided in ***Section 5.6*** in ***Chapter 5***.

2.4.7.3 Verification of Completed Cases

Only minor changes were made to the NSDUH main study verification script for the DR. These changes were also made to the QFT verification script. These changes included referencing a tablet instead of an iPAQ, providing a different computer tutorial question as an example to the respondent, and saying "U.S. Department of Health and Human Services" and "RTI." Unlike the QFT, the DR included a Spanish-language version of the verification script.

Of the 2,087 completed DR interviews, 45 DR quality control forms were not returned. Of the completed DR interviews, 694 cases were selected for telephone verification. No problems were found with 434 cases, 79 cases were coded as problems, 153 cases were unable to be contacted, and 28 cases had other issues. Of the completed DR screenings, 559 cases were selected for telephone verification. No problems were found for 312 of the cases, 81 cases were coded as problems, 108 cases were unable to be contacted, and 58 cases had other issues. Problem cases were those that verified with errors, such as items the respondent did not remember the FI performing, the respondent reported that this was not the correct phone number

[2] FIs who committed a serious breach of protocol in DR data collection (defined as those that could potentially violate a respondent's rights and/or significantly compromise the accuracy of the data collected) and those observed committing four or more unrelated errors were issued a disciplinary action. All disciplinary actions issued for the DR field observations were verbal warnings. During DR field observations, four verbal warnings were issued. The FIs who received verbal warnings were added to the main study field observation list to be observed in the next possible quarter.

for that address, or if the respondent said that he or she was not given the $30 incentive.[3] Cases with "other issues" were considered unresolvable and included situations in which the telephone interviewer was never able to speak with the respondent, someone answered the phone but refused or hung up, or an initial problem was reported but callback verification staff were not able to recontact the respondent to confirm the issue. Staff on the callback verification team recontacted respondents when a problem was reported and more information was needed to confirm or clarify the situation because, during the initial call, the verification script was read verbatim by the telephone verifiers.

2.4.8 Problems Encountered

2.4.8.1 CAI Questionnaire Issues

During DR data collection and analysis, some minor irregularities in the CAI program were uncovered. One issue was uncovered in the English-language questionnaire: Respondents who reported using tobacco in their lifetime, but not necessarily in the past year, were later asked if a doctor had advised them to quit smoking in the past year in HLTH21. This routing caused an unnecessary question to be asked of respondents who were not current smokers. The routing logic for the comparable question in 2014 (HLTH18) was updated to prevent respondents who reported not smoking in the past year in the tobacco module from receiving this question. This edit will be carried over to the 2015 questionnaire as well.

A couple of additional items were uncovered in the Spanish-language questionnaire. On the INCENT01 screen, a minor mistake in translation occurred, causing extra wording to appear on the screen. When translated into English, this extra screen text read, "Now I will finish some questions to show that I did the interview. Thank you very much for your help." This additional wording was likely carried over from the specifications from the 2013 main study instrument. This wording only appeared in the Spanish-language instrument and likely did not affect responses to subsequent questions. There was also some confusion over a term used in the Spanish-language instrument. The use of the phrase "heterosexual, that is, straight," in item QD63 is problematic for some Spanish speakers, as identified in the FI debriefing calls. Some Spanish speakers did not understand the term "heterosexual" in reference to sexual identity and thought it meant being attracted to the same sex or was a shameful or embarrassing term. RTI language methodologists have seen similar reactions in other surveys and are working to find a translation that can better meet the expectations of Spanish-speaking respondents.

The team discovered an error in the specifications for both the English- and Spanish-language CAI instrument, which was addressed prior to fielding the instrument. The routing logic for the sexual attraction (QD62) and sexual orientation (QD63) questions was incorrect and was missing a reference to the age variable that restricts these questions to adult respondents. This routing was corrected at DR FI training with an instrument patch, and only adults received these questions during the actual 2013 DR data collection.

[3] None of the problem or unresolved telephone verification cases for DR screenings and interviews involved cases worked by FIs who were found to have falsified data in quarter 3 of 2012 or in subsequent quarters. One DR FI was found to have falsified data in quarter 4 of 2013; this FI's DR cases that were not phone verified "okay" or were completed during a field observation were removed from the dataset.

Interview length was fairly consistent across subgroups of respondents, with the exception of Spanish-speaking respondents over the age of 65. This subgroup took significantly longer than the rest of Spanish-speaking respondents to complete their ACASI sections of the interview. This discrepancy is discussed in detail in ***Section 4.5*** of this report. In general, there is no evidence, however, that the increased completion time for Spanish-speaking respondents aged 65 or older is due to an issue with the CAI instrument or had an overall impact on data quality. Interview timing for this age group will continue to be monitored in order to inform burden concerns for this portion of the population.

2.4.8.2 Data Collection Issues

At the end of the DR data collection period, a problem was discovered in the letter-generating system that prevented refusal and UTC letters from being sent. Although letters were requested by the field, the letters were not sent to respondents from RTI as planned. This system glitch did not occur during the QFT.

Overall, a higher percentage of refusals were finalized on the DR than the QFT, especially for screenings. However, a smaller percentage of screenings and interviews were final coded as unable to contact on the DR than the QFT. An investigation was conducted to determine what the impact was of not sending the refusal and UTC letters on these DR final dispositions.

For screening conversion, a higher percentage of screening refusals were converted on the DR (28.73 percent) than on the QFT (27.95 percent), but a lower percentage of screening refusals were converted on the DR than on the 2013 NSDUH (32.83 percent). When a refusal conversion letter was requested, the refusal conversion rate was slightly higher on the DR (27.82 percent) than on the QFT (27.40 percent), even though the DR letters were not actually sent to respondents. If no refusal conversion letter was requested, the DR screening refusal conversion rate (33.33 percent) was higher than the QFT's (31.03 percent) and the 2013 NSDUH's (28.96 percent). For the interview refusal conversion rates, the DR rate (15.08 percent) was higher than the QFT's (11.04 percent) and the 2013 NSDUH's (13.76 percent), including the rates for interview refusals where a conversion letter was and was not requested. Although a higher percentage of refusals were finalized on the DR than on the QFT, it was difficult to determine the causal impact of not sending the refusal conversion letters on DR response rates because refusal conversion rates were higher on the DR. These data suggest that these letters may be most effective at providing FIs with a confidence booster to return to the household and an introduction to their refusal conversion efforts at the door (rather than the letter itself converting respondents).

For cases where a UTC letter was requested (but not sent for the DR), the screening completion rate was lower on the DR (54.30 percent) than on the QFT (74.25 percent), while the interview completion rate was just slightly higher for the DR. Despite the lower completion rate for screenings when a letter was requested, it was difficult to determine the causal impact of not sending the UTC letters because the completion rates depend on whether the respondent was home when the FI made the next contact.

3. Processing and Analysis of Dress Rehearsal and Comparison Data

3.1 Overview of Data Processing and Analysis Approach

This chapter describes the procedures followed to process the 2013 Dress Rehearsal (DR) data, the 2102 Questionnaire Field Test (QFT) data, the 2012 National Survey on Drug Use and Health (NSDUH) main study comparison data, and the 2013 quarters 3 and 4 NSDUH main study comparison data. All of the data processing procedures were developed and implemented to provide the greatest possible degree of comparability among these three datasets to facilitate valid comparisons. ***Section 3.2*** describes the usable case rules followed, and ***Section 3.3*** details the editing and coding procedures. ***Section 3.4*** presents the imputation procedures, while ***Section 3.5*** describes the weighting steps followed and the creation of variance estimation strata and replicates. ***Section 3.6*** describes the preparation of all of the data files, and ***Section 3.7*** discusses important data analysis issues, especially those related to the comparison of the DR or combined QFT and DR data with the main study data and other data sources.

3.2 Defining Usable Cases

3.2.1 Overview of Defining Usable Cases

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

3.2.2 Usable Case Definitions

The usable case criteria that were in place for the main survey were used for the 2012 main study and the 2013 quarters 3 and 4 NSDUH main study comparison data, as defined below:

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

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

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

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

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

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

In the 2012 main study, 0.06 percent of all completed interviews (including interviews from Alaska and Hawaii) did not meet the usable case criteria.[4] In the 2013 quarters 3 and 4 NSDUH main study comparison data (which excluded interviews from Alaska and Hawaii), 0.06 percent of the completed interviews also did not meet the usable case criteria. Three DR respondents (0.14 percent of 2,092 completed interviews) did not meet the usable case criteria and were not included for further analysis. One case had missing data for cigarettes, and the remaining two cases ended the interview before answering a sufficient number of gate questions.

3.3 Editing and Coding Procedures

3.3.1 Overview of Editing and Coding Procedures

Data that field interviewers (FIs) transmit to RTI are processed to create a raw data file in which no logical editing of the data has been done. The raw data file consists of one record for each transmitted interview. Cases were eligible to be treated as final respondents if they met the usable case criteria described in ***Section 3.2***.

Logical editing was the first step in processing the raw DR data and the raw comparison data from 2012 and quarters 3 and 4 of 2013. Logical editing involved using data from within a

[4] The 2012 comparison dataset (excluding interviews in Alaska and Hawaii) was created from the cases in the full survey that had already been identified as meeting the usable case criteria.

respondent's record to (a) reduce the amount of item nonresponse (i.e., missing data) in interview records, including identification of items that were legitimately skipped; (b) make related data elements consistent with each other; and (c) identify ambiguities or inconsistencies to be resolved through statistical imputation procedures (see ***Section 3.4***).

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

3.3.2 Coding of "OTHER, Specify" Data

Written answers that respondents or interviewers typed were assigned numeric codes for the following: other Hispanic origin, other racial groups, other Asian origin, other drugs that respondents used, and other relationships for family members who were currently serving in the United States military (DR only).[5] Except for the relationship data for other family members in the military, typed "OTHER, Specify" responses first were compared against databases for the relevant "OTHER, Specify" variables that contained typed entries and the associated numeric codes. If an exact match was found between the typed response and an entry in the system, the response was assigned the appropriate numeric code. Typed responses that did not match an existing entry were output for manual analyst review and coding.

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

"OTHER, Specify" data also were coded for DR respondents' relationships to other family members in the military because of the number of respondents who reported that another member of their immediate family was serving in the United States military (see ***Section 4.6.2*** and ***Table 4.14***). Unlike the data for Hispanic origin, Asian origin, race, and drugs, all of the "OTHER, Specify" data in the DR were manually coded for relationships to other family members who were serving in the military.

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

3.3.3 General Editing Principles

To reduce the potential for differences to be attributable to the effects of editing, data for the main study comparison samples from 2012 and quarters 3 and 4 of 2013 (referred to in the remainder of ***Section 3.3*** as "comparison" data) and for the DR were edited in the same manner

[5] Additional "OTHER, Specify" variables had previously been coded for the 2012 survey. These variables were not included for the 2012 comparison data analysis because corresponding variables were not coded in the DR or the comparison data from quarters 3 and 4 of 2013.

wherever possible. If questionnaire changes for the DR did not permit total comparability between the editing procedures for the DR and the comparison data, the aim was to make the procedures as comparable as possible. Also, where the questionnaire did not change between the QFT and the DR, data for the DR were edited in the same manner as in the QFT (Currivan et al., 2013) to allow QFT data to be combined with DR data for non-Hispanic English-language respondents for some analyses.

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

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

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

supplemental special drugs module along with core data were taken into account in a special set of edited variables for methamphetamine and stimulants.

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

In all of the core drug modules for the comparison data and in the cigarette through methamphetamine core DR modules, respondents were asked "gate" questions to determine lifetime use or nonuse; because of changes to the questioning strategy and routing logic in the QFT and DR for prescription drugs, principles for editing the DR prescription drug variables are discussed in ***Section 3.3.4***.[6] The modules for hallucinogens and inhalants in all of the datasets and the prescription drug modules in the comparison data included multiple gate questions about lifetime use (or misuse) of specific drugs in the category. Respondents who reported lifetime use of the particular drug (e.g., marijuana) or any drug in the category (e.g., hallucinogens) were asked when they last used the drug (or any drug in the category). Respondents who did not know or refused to report when they last used were asked follow-up questions in an attempt to obtain data on the specific period when they last used (e.g., within the past 30 days, more than 30 days ago but within the past 12 months, or more than 12 months ago). If these respondents indicated the specific period when they last used, the data from these follow-up questions were incorporated into the edited variables for most recent use. If these respondents on follow-up still did not know or refused to report when they last used, the edited variable for most recent use was assigned a code to indicate that these respondents logically could be inferred to be users at some point in their lifetime based on the computer-assisted interviewing (CAI) routing. A definite period of most recent use was statistically imputed (see ***Section 3.4***).

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

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

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

created to alert analysts to the occurrence of these inconsistencies. Findings based on these flag variables are discussed in ***Section 4.6*** in ***Chapter 4***.

3.3.4 Special Editing Situations

Most editing of the DR and comparison data followed the principles discussed in ***Section 3.3.2***. In the alcohol module, the question in the comparison data that was used to define binge alcohol use asked both males and females about the number of days that they consumed five or more drinks on the same occasion in the past 30 days. In the QFT and DR, males were asked about consumption of five or more drinks on the same occasion, and females were asked about consumption of four or more drinks on the same occasion. These binge alcohol use variables were edited in the same manner in both the DR and comparison data. However, the edited DR variable was given a name that was different from the name for the corresponding variable in the comparison data to indicate the differences in content.

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

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

special drugs module that were used in determining methamphetamine use, stimulant misuse, and most recent use (or misuse).

- The focus of the questions for specific prescription drugs in the QFT and DR was on the past 12 months and on the lifetime period in the comparison data. In addition, QFT and DR respondents first were asked a series of screening questions about *any* use of specific prescription drugs in the past 12 months (i.e., use or misuse) or any lifetime use if they did not report past year use. QFT and DR respondents were asked about misuse in the past year of any of the specific prescription drugs that they reported using in that period. In contrast, respondents in the comparison data were asked about misuse of specific prescription drugs in the lifetime period, and questions about more recent misuse applied to the general categories (e.g., past year or past month misuse of any tranquilizers).
- Questions in the QFT and DR about use of stimulants with a needle were moved from the noncore special drugs module to the core stimulants module. These questions applied only to use of stimulants with a needle in the past 12 months or past 30 days.
- New questions about methamphetamine dependence or abuse were added to the substance dependence and abuse module.
- Sections of the interview in the comparison data that were interviewer-administered were self-administered in the QFT and DR (e.g., health insurance, income).

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

3.3.4.1 Smokeless Tobacco

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

- Respondents who answered "no" to both questions about lifetime use of snuff and chewing tobacco were classified as nonusers of smokeless tobacco.
- Respondents who answered "no" to one of the questions about lifetime use of snuff or chewing tobacco but who did not know or refused to report whether they ever used the other type of smokeless tobacco were assigned a missing value for lifetime use or nonuse of smokeless tobacco. Lifetime use or nonuse was statistically imputed (see ***Section 3.4***).
- Respondents who reported use of either snuff or chewing tobacco at a minimum were classified as lifetime users of smokeless tobacco. The period of most recent use was determined from respondents' answers to the questions about most recent use of the smokeless tobacco products.
- In general, the report of most recent use of either snuff or chewing tobacco was chosen for the variable pertaining to most recent smokeless tobacco use. If relevant

variables for one of the smokeless tobacco products had missing data, special codes were assigned for use in statistically imputing a final period of most recent use. For example, if a respondent reported last using snuff more than 30 days ago but within the past 12 months but did not know when he or she last used chewing tobacco, the variable for most recent use of smokeless tobacco was assigned a code to indicate that the respondent logically last used at some point in the past 12 months. This respondent could have been a past month user of any smokeless tobacco if he or she used chewing tobacco in the past month. A specific period of most recent use was statistically imputed.

3.3.4.2 More Recent Use for General Drug Categories and Specific Drugs

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

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

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

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

3.3.4.3 "OTHER, Specify" Data for Drugs

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

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

3.3.4.4 OTC Misuse

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

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

category in the past year (which resulted in respondents being routed to the question about misuse of any other drug in the category) because respondents could have used other *prescription* drugs in the past year that they did not misuse.

3.3.4.5 Methamphetamine Use

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

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

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

3.3.4.6 Prevalence of Prescription Drug Misuse

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

In the DR, respondents first were asked to report any use of a series of prescription drugs in that psychotherapeutic category (e.g., pain relievers) in the past 12 months (subsequently referred to in this section as "screener" questions). Respondents who did not report past year use of any prescription drug in that category (including use of "any other" prescription drug) were asked whether they ever used any prescription drug in that category. Respondents who endorsed use of one or more specific prescription drugs in the past 12 months in the screener questions were asked about past year misuse of the prescription drugs that they reported using in that period. If respondents reported misuse of any prescription drugs in a given category in the past 12 months, they were asked whether they misused any prescription drugs in that category in the past 30 days. Thus, unlike the 12-month questions, misuse in the past 30 days applied only to the broad prescription drug category rather than to specific prescription drugs. If respondents used prescription drugs in a given category in the past 12 months but they did not report misuse, they were asked about lifetime misuse of any prescription drugs in that category. Similarly, respondents who reported lifetime but not past year use of any prescription drugs in that category were asked about lifetime misuse. Thus, as for misuse in the past 30 days, lifetime misuse applied only to the broad prescription drug category.

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

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

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

- Respondents who reported misuse of prescription drugs[7] in the past 30 days were classified as having last misused prescription drugs in the past 30 days.
- Respondents who reported misuse of one or more specific prescription drugs in the past 12 months were classified as having last misused prescription drugs more than 30 days ago but within the past 12 months, provided that they answered "no" to the question about misuse in the past 30 days.
- Respondents who reported lifetime (but not past year) misuse of prescription drugs were classified as having last misused prescription drugs more than 12 months ago, provided that (a) they answered all applicable questions about misuse of specific prescription drugs in the past 12 months as "no"; or (b) they reported any use of prescription drugs in their lifetime and they explicitly reported that they did not use any prescription drugs in that category in the past 12 months.
- Respondents who reported that they never used or never misused prescription drugs were classified as never having misused prescription drugs. (The coding of the variables for most recent use did not distinguish between respondents who never used prescription drugs and lifetime users who never misused prescription drugs.)

3.3.4.7 Initiation of Use of Illicit Drugs Other Than Prescription Drugs

For marijuana through inhalants in the comparison data and for marijuana through methamphetamine in the DR, lifetime users were asked to report the age when they first used the drug, and respondents who first used within 1 year of their current age were asked to report the year and month when they first used. The age, year, and month data were used to establish whether the respondent initiated use in the past 12 months. Specifically, respondents were defined as a past year initiate if any of the following occurred:

- They first used the drug at their current age.
- They first used at the age that was 1 year prior to their current age, but they first used in the current calendar year (e.g., 2013 for DR interviews).
- They first used at the age that was 1 year prior to their current age and in the year prior to the current calendar year, but their month of first use was unambiguously within 12 months of the interview date (e.g., first use in October, November, or December 2012 for DR interviews in September 2013).

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

Because all lifetime users were asked to report the age at first use (AFU), a special AFU did not need to be created for past year initiates. At a minimum, all past year initiates would have an AFU.

As noted in ***Section 3.3.3***, however, inconsistencies could exist between related variables in the DR or comparison data that would otherwise have been handled in the editing procedures for the main study. In particular, some respondents who were classified as past year initiates based on their age, year, or month of first use could have reported that they last used a drug "more than 12 months ago." In these situations, neither the data for the most recent use or initiation were edited to be consistent with one another. However, if respondents had missing data for initiation (e.g., the AFU was answered as DK or REF) but they reported last using the drug more than 12 months ago, the recency variable took precedence, and the respondents were classified as not being past year initiates.

Respondents were defined as being unknown for past year initiation if they last used a drug in the past 12 months (including use in the past 30 days) or at some point in their lifetime and any of the following occurred:

- Their age at first use was answered as DK or REF.
- They first used at the age that was 1 year prior to their current age, and their year of first use was answered as DK or REF.
- They first used at the age that was 1 year prior to their current age, their year of first use was in the previous calendar year, and their month of first use was answered as DK or REF.
- They first used at the age that was 1 year prior to their current age, their year of first use was in the previous calendar year, and their month of first use was the same month as the interview month (e.g., first use in September 2012 for a DR interview in September 2013).

In the main survey, a full date of first use (DFU) is imputed for all lifetime users. Therefore, if respondents reported first use in the same month in the calendar year that was 1 year prior to the interview, they could be imputed to be past year initiates or not to be past year initiates depending on whether the imputed DFU was within 12 months of the interview date or more than 12 months prior to the interview date. For this reason, the final initiation status for this last group of respondents was handled through imputation.

3.3.4.8 Initiation of Prescription Drug Misuse

In the comparison data, respondents who reported lifetime misuse of prescription drugs were asked about initiation of prescription drug misuse in the same manner as for the other substances in the core modules. Therefore, the procedures that were described in ***Section 3.3.4.7*** also applied to identification of past year initiates or determination of unknown initiation status for misusers of prescription drugs in the comparison data.

In the QFT and DR, respondents were asked about initiation of misuse only for the individual prescription drugs that they had misused in the past 12 months. However, a limitation

of the QFT questions for measuring past year initiation of misuse of any prescription drug in an overall category (e.g., pain relievers) was that respondents who reported only past year initiation for the prescription drugs that they misused in the past 12 months could have initiated misuse of other drugs in the category more than 12 months ago. Consequently, it could be determined that these respondents were past year initiates for the specific prescription drugs that they misused in the past year, but past year initiation for the overall category could not be determined.

Therefore, the DR questionnaire was modified so that respondents who reported only past year initiation of the drugs they misused in that period were asked a follow-up question to determine whether they ever misused any drugs in that category more than 12 months prior to the interview.[8] There was no need to ask this follow-up question if respondents reported initiation more than 12 months ago for any of the prescription drugs that they misused in the past year because these respondents by definition were not past year initiates.

Creation of the edited variables for past year initiation of misuse of any pain reliever, tranquilizer, stimulant, or sedative involved reverse coding of the answers for these follow-up questions. Specifically, if DR respondents were routed to a given follow-up question and answered it as "yes," then they were defined as *not* being past year initiates for the overall category. Respondents who answered the question as "no" *were* defined as past year initiates for the overall entire category. If respondents were skipped out of the follow-up question because they reported initiation of misuse of some prescription drugs more than 12 months ago, the edited variable was assigned a code of 4 (Not a past year initiate LOGICALLY ASSIGNED).

If respondents answered the follow-up question as DK or REF, the edited variable retained a missing value. Their status as a past year initiate (or not) was resolved through imputation (see ***Section 3.4***). Respondents also could have missing data for the edited past year initiation variable for a given prescription drug category for the following reasons:

- Respondents reported misuse of a given category of prescription drugs at some point in their lifetime, but their most recent period of misuse was unknown.
- Respondents reported initiation of misuse of some prescription in the past 12 months, but they reported initiation of misuse of the remaining drugs in the same month as the interview month but in the previous calendar year (e.g., September 2012 for respondents who were interviewed in September 2013).

For this second group of respondents, the CAI logic did not consider initiation in the same month 1 year ago as being a potential indication of past year initiation. Consequently, these respondents were not asked the follow-up questions about first misuse of any prescription drugs in the category more than 12 months ago. These respondents' status as a past year initiate (or not) was resolved through imputation.

In addition, if the edited variable indicated that the respondent was a past year initiate, the initiation data were checked for the individual drugs that respondents misused in the past 12 months to determine an AFU among past year initiates. Generally, this was the minimum

[8] Respondents also were asked the follow-up question if the sum of the reports of past year initiation plus missing data for initiation equaled the number of specific drugs that they misused in the past year.

AFU (i.e., either current age or current age minus 1 year) among the AFUs for the individual prescription drugs that respondents misused. If some AFU questions were answered as DK or REF, it also was possible to infer logically that first misuse happened at the age that was 1 year prior to a respondent's current age if at least one AFU was reported to be at the respondent's current age minus 1 year. If the respondent was a past year initiate of misuse but all AFUs had missing data or there was a combination of missing AFU data and remaining AFUs at the respondent's current age, then the edited AFU for the overall prescription drug category retained a missing value.

3.3.4.9 Needle Use

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

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

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

As noted previously, the needle use questions for stimulants in the DR were moved from the special drugs module to the core stimulants module. In addition, the questions about use of stimulants with a needle applied to stimulants that respondents misused in the past 12 months. Even if the editing procedures allowed editing of core data based on data in the special drugs module, reports of lifetime use of prescription stimulants with a needle in the "OTHER, Specify" data for special drugs could *not* be used to infer past year use of stimulants with a needle or to infer past year misuse of specific stimulants in the core stimulants module.

3.3.4.10 Methamphetamine and Prescription Stimulant Dependence or Abuse

In the comparison data, because methamphetamine was grouped together with other stimulants, comparison data respondents who reported past year methamphetamine use were asked questions about dependence or abuse for *prescription stimulants*. The DR included questions about dependence and abuse for methamphetamine that were separate from questions about dependence and abuse for prescription stimulants that were misused in the past 12 months.

Consequently, DR respondents who reported methamphetamine use in the past year but who did not report past year misuse of prescription stimulants were asked dependence and abuse questions for methamphetamine but were not asked corresponding questions for stimulants.

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

3.3.4.11 Interviewer-Administered versus Self-Administered Data

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

3.4 Imputation Procedures

3.4.1 Overview of Imputation Procedures

This section describes the imputation procedures that were implemented for the 2013 DR data and the two comparison datasets—the 2012 main study data and the 2013 quarters 3 and 4 main study data. The advantages of performing imputation include the following: (1) reducing bias due to differential nonresponse, (2) allowing all cases to be used for analysis, and (3) improving the quality of data at the subdomain level. The small DR sample sizes and sparse donor pools made it difficult to implement the standard NSDUH imputation methods. Because the comparison of the DR data with the main study data was performed at a fairly aggregate level, a simple mean imputation procedure satisfies the needs of the DR and could be implemented within the relatively shorter data processing period for the DR. The two main study comparison datasets—all four quarters from 2012 and quarters 3 and 4 from 2013—were imputed using the same approach. One of the simplest methods of imputing for missing data is to replace each missing value with the weighted mean of the observed values for a variable within a class of respondents containing the respondent with the missing value. This method provides an unbiased estimate of the overall variable mean either if the probability of the value being missing is the same for every respondent in a class or if values within a class are not related to their probabilities of being missing. If neither of these conditions holds, the estimated variable mean after imputation is biased, but the bias is likely to be less than if no imputation had taken place, which is equivalent to treating the entire sample as a single imputation class.

3.4.2 Imputation Methodology

Variables that were imputed include demographics, health insurance, income, recency of drug use, an indicator of past year initiation of drug use, and age of first drug use for past year initiates. The noncore variables associated with drug abuse were not imputed.[9] ***Table 3.1*** lists the variables that were imputed for each of the three sets of data. As was done in the main study, imputation indicators were created for each imputed variable. For the drug use variables, three variables indicating lifetime use, past year use, and past month use were created from the imputed recency of use variables. In addition to misuse, the DR instrument asked about any use of prescription drugs. These variables were not imputed for this analysis. Questions about lifetime and past month use of OxyContin® were not included in the DR instrument; therefore, only the past year indicator variable for OxyContin® misuse was imputed for the DR data. The DR instrument contained separate modules for methamphetamine and prescription stimulants. Therefore, an additional recency of misuse of stimulants excluding methamphetamine was imputed for the DR only. For the 2012 and 2013 quarters 3 and 4 comparison data, the CPN measures for methamphetamine and misuse of stimulants were created to compare with the combined stimulants and methamphetamine variables in the DR.

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

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

Table 3.1 Imputed Variables

Demographic Variables	
Race	Education
Hispanic Indicator	Employment Status
Marital Status	
Income Variables	
Family Income	Food Stamps
Wages (2012/2013 Comparison Only)	Welfare Payments
Social Security	Welfare Services
Supplemental Security	Number of Months on Welfare
Health Insurance Variables	
Medicaid/CHIP (Children's Health Insurance Program)	Private Health Insurance
Medicare	Other Health Insurance
CHAMPUS (Civilian Health and Medical Program of the Uniformed Services)	
Drug Use Variables	
Cigarette Use	Inhalant Use[a]
Smokeless Tobacco Use	Marijuana Use[a]
Alcohol Use	Core plus Noncore Stimulant Misuse[a]
Binge Alcohol Use (Past Month Only)	Core plus Noncore Stimulant Misuse, Excluding Methamphetamine Use (DR Only)[a]
Cocaine Use[a]	Core plus Noncore Methamphetamine Misuse[a]
Crack Use[a]	Pain Reliever Misuse[a]
Hallucinogen Use[a]	OxyContin® Misuse (DR: Past Year Only)[a]
LSD Use (Lysergic Acid Diethylamide)[a]	Sedative Misuse[a]
PCP Use (Phencyclidine)[a]	Tranquilizer Misuse[a]
Ecstasy Use[a]	
Heroin Use[a]	

DR = Dress Rehearsal.

[a] Imputed values indicating past year initiation and age at first use for past year initiates were also calculated. For OxyContin® misuse, these measures were only created for the 2012 and 2013 comparison files.

For the age at first use (AFU) variables, imputations were performed only for past year initiates. Therefore, all nonrespondents had to initiate at either their current age or at age – 1. If they initiated prior to this point, then they would not have been classified as a past year initiate. For each past year initiate with a missing AFU, the year preceding the interview date was divided into two parts based on the birth date of the individual. The proportion of the year prior to the interview in which the individual was at his or her current age and at his or her current age – 1 was then calculated. Each individual requiring imputation was next assigned a random number between zero and one from a uniform distribution, and this value was used to determine the final imputed AFU. For example, suppose a past year initiate of marijuana with a missing age of first marijuana use was 25 years old at the time of the interview and he or she was 25 years old for 292 days (80 percent) in the year prior to the interview and 24 years old for 73 days (20 percent) in the year prior to the interview. For this individual, there was an 80 percent chance that the imputed age of first marijuana use would equal his or her current age (25 years old) and a 20 percent chance that the imputed age of first marijuana use would equal age – 1 (24 years old).

Imputation was occasionally restricted to a few categories when partial information about the nonrespondent was known or in order to maintain consistency with other variables. For example, when imputing employment status, if the nonrespondent was known to be

employed, but the level of employment (full time or part time) was not known, the weighted percentages were calculated among employed respondents in each imputation class, and imputation was restricted to full- or part-time employment.

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

Exhibit 3.1 Collapsing Imputation Classes: Race

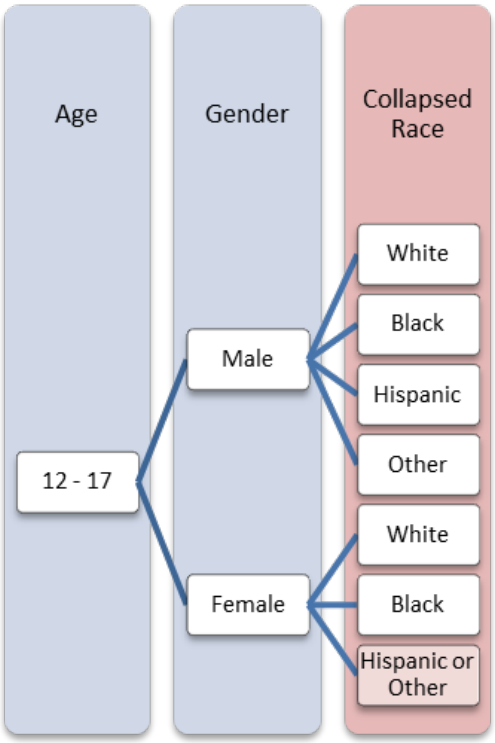
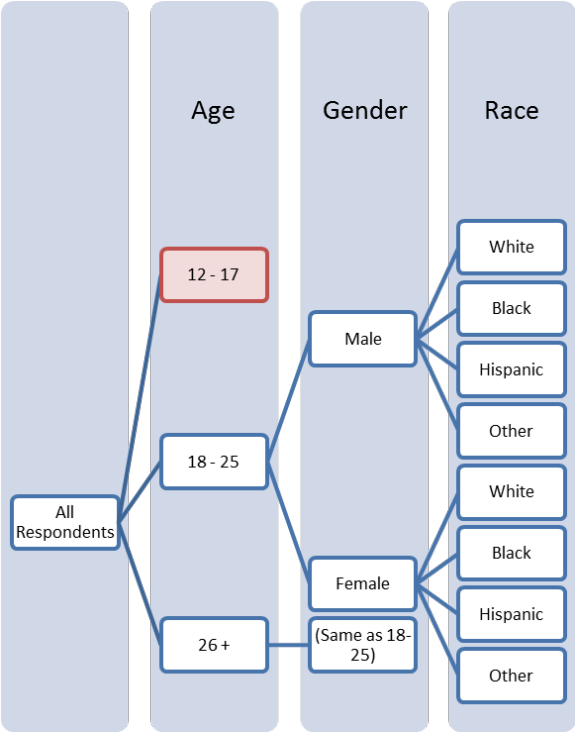


Exhibit 3.2 Collapsing Imputation Classes: Race and Gender



3.5 Weighting Procedures

3.5.1 Overview of Weighting Procedures

Estimates and measures of data quality from the DR sample were compared with those from the 2013 main study during the same quarters (2013 quarters 3 and 4) and from the full year for the 2012 main study. Analysis weights for those three samples needed to be developed for the DR analysis. This section discusses the methods used to develop sample weights for the DR analysis.

For some research questions, DR respondents were compared with the 2013 quarters 3 and 4 and the 2012 NSDUH respondents. To increase the efficiency of the comparisons by removing the impact of differences between the demographic characteristics of the three samples caused by random sampling, then exacerbated by nonresponse, nonresponse-adjusted weights were calibrated for the DR sample and the 2013 quarters 3 and 4 main study sample to distributions of demographic variables from the 2012 sample. Instead of the full process (Chen et al., 2014) that was used in developing 12-month analysis weights, where five adjustment steps were implemented, a shortened process was used similar to producing weights for the 6-month detailed tables. That is, the design weights were computed for both the DR sample and the 2013 quarters 3 and 4 main sample in a manner consistent with 2012 NSDUH weighting procedures. The design weights were then adjusted for nonresponse at the dwelling unit and person level, followed by a poststratification adjustment where nonresponse-adjusted weights were further poststratified to the sum of the analysis weights from the 2012 NSDUH sample for selected demographic domains.

The weight distributions were calculated for the final analysis weights of the 2012 comparison data, DR data, and 2013 quarters 3 and 4 main study data. The weight distribution results are presented in ***Table 3.2*** in ***Section 3.5.3***.

3.5.2 Weighting Procedures

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

3.5.2.1 2012 NSDUH Sample Weights

The analysis weights (ANALWT) for the 2012 NSDUH sample had 15 weight components, and among them 5 were adjustment factors at both the dwelling and person levels (Chen et al., 2014). The generalized exponential model (GEM) (Folsom & Singh, 2000) was used for the nonresponse and poststratification adjustments within nine model groups corresponding to nine census divisions. ANALWT is the product of all 15 weight components.

After removing respondents from Hawaii and Alaska, analysis weights for the remaining respondents in the 2012 NSDUH were used for the DR analyses. The domain-level sums of the ANALWT for these retained respondents were used as control totals in the poststratification for the DR sample and the 2013 quarters 3 and 4 main study sample, as discussed in the following section.

3.5.2.2 2013 Quarters 3 and 4 Main Study Sample Weights

Design-based weights were computed for the 2013 quarters 3 and 4 main study sample in a manner consistent with standard NSDUH weighting procedures. To facilitate timely completion of the DR analyses, quarter 4 screenings and interviews completed after December 1, 2013, were considered nonrespondents. After December 1, 2013, an additional 3,222 screenings and 715 interviews were completed that would have been included in the 2013 quarters 3 and 4 main study comparison data had the December 1, 2013, cutoff date not been implemented. The nonresponse adjustments at both the dwelling unit level (DUNR) and person level (PRNR) for the 2013 quarters 3 and 4 main study sample were similar to those used to develop the regular 6-month analysis weights. However, the person-level poststratification (PRPS) for the 2013 quarters 3 and 4 main study sample was different from the regular 6-month analysis weights, where the nonresponse-adjusted weights were adjusted to the census population estimates. For the DR analyses, the person-level poststratification adjusted the weights to match ANALWT sums for eligible respondents from the 2012 NSDUH sample. GEM was used to implement all three adjustment steps.

The final analysis weights for the 2013 quarters 3 and 4 main study sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting census tracts;
- inverse probability of selecting segments;
- quarter segment weight adjustment;

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

The three adjustment factors were as follows:

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

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

- *Person-Level Poststratification Adjustment (PRPS).* The respondents in the 2013 quarters 3 and 4 main sample from Hawaii and Alaska and interviews completed with the Spanish-language questionnaire were removed before the PRPS. One model was used to force the weights of the 2013 quarters 3 and 4 main study sample to sum up to

the ANALWT totals for eligible respondents in the 2012 NSDUH by the following proposed demographic domains (all proposed variables were kept in the final model):

- State,
- age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
- race (white; black; Native American; Asian; multiple races),
- Hispanicity (Hispanic; non-Hispanic),
- gender (male; female),
- age group * Race3 (white; black; others),
- age group * Hispanicity,
- age group * gender,
- Race3 * Hispanicity,
- Race3 * gender,
- Hispanicity * gender,
- age group * Race3 * Hispanicity,
- age group * Race3 * gender,
- age group * Hispanicity * gender, and
- Race3 * Hispanicity * gender.

3.5.2.3 2013 DR Sample Weights

Design-based weights for the 2013 quarters 3 and 4 DR sample were computed in a manner consistent with standard NSDUH weighting procedures. The three adjustment steps (i.e., DUNR, PRNR, and PRPS) were implemented in a similar fashion as for the 2013 quarters 3 and 4 main study sample weights using GEM. The differences were that fewer variables in the GEM models were used to develop DR sample weights because of the relatively small DR sample.

The final analysis weights for the 2013 quarters 3 and 4 DR sample were the product of various design weights and three adjustment factors. The various design weights were as follows:

- inverse probability of selecting DR State sampling regions (SSRs);
- inverse probability of selecting census tracts;
- inverse probability of selecting segments;
- quarter segment weight adjustment;
- subsegmentation inflation adjustment;
- inverse probability of selecting dwelling units;
- added or subsampled dwelling unit adjustment;
- dwelling unit sample release adjustment;

- dwelling unit-level nonresponse adjustment;
- inverse probability of selecting a person from a dwelling unit;
- person-level nonresponse adjustment; and
- person-level poststratification adjustment.

The three adjustment factors were as follows:

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

- population density (MSA, ≥ 1 million; MSA, < 1 million; non-MSA, urban; non-MSA, rural),
- group quarters (college dorm; other group quarters; non-group quarters),
- percent of owner-occupied dwelling units in a segment (CO) (> 50 percent; 10 to 50 percent; < 10 percent),
- percent of blacks or African Americans in a segment (CB) (> 50 percent; 10 to 50 percent; < 10 percent),
- percent of Hispanics in a segment (CH) (> 50 percent; 10 to 50 percent; < 10 percent),
- segment combined median rent and housing value (CV) (1st quintile; 2nd quintile; 3rd quintile; 4th quintile; 5th quintile),
- CO * CB,
- CO * CH,
- CO * CV,
- CV * CB,
- CV * CH,
- age group * Race3 (white; black; others),
- age group * Hispanicity,
- age group * gender,
- Race3 * Hispanicity,
- Race3 * gender, and
- Hispanicity * gender.

- *Person-Level Poststratification Adjustment (PRPS)*. One model was used to force the weights of the 2013 quarters 3 and 4 DR sample to sum up to ANALWT totals for eligible respondents in the 2012 NSDUH by the following proposed demographic domains (all variables were kept in the final model):
  - age group (12 to 17; 18 to 25; 26 to 34; 35 to 49; 50 to 64; 65 or older),
  - race (white; black; Native American; Asian; multiple races),
  - Hispanicity (Hispanic; non-Hispanic),
  - gender (male; female),
  - age group * Race3 (white; black; others),
  - age group * Hispanicity,
  - age group * gender,
  - Race3 * Hispanicity,

- Race3 * gender, and
- Hispanicity * gender.

3.5.3 Distribution of DR Analysis Weights

The distribution of analysis weights for the 2012 NSDUH sample, 2013 quarters 3 and 4 DR sample, and 2013 quarters 3 and 4 main study sample are summarized in ***Table 3.2***.

Table 3.2 Weight Distribution of Dress Rehearsal Analysis Weights

Statistics	2012 NSDUH Sample Weights	2013 Quarters 3 and 4 Dress Rehearsal Sample Weights	2013 Quarters 3 and 4 Main Study Sample Weights
100% Maximum	133,926	1,648,168	200,068
99%	29,474	765,303	54,299
95%	15,629	478,051	32,194
90%	10,182	313,542	21,434
75% Quarter 3	4,181	150,227	8,966
50% Median	1,590	66,812	3,365
25% Quarter 1	749	22,715	1,838
10%	342	12,390	905
5%	203	7,758	519
1%	78	3,384	241
0% Minimum	1	2,310	42
n	66,542	2,089	32,162
Mean	3,883	123,671	8,033
Sum of Weights	258,349,358	258,349,358	258,349,358
Unequal Weighting Effect (UWE)[1]	3.5016	2.6950	3.0258

[1]UWE measures the variation in weights.

3.5.4 Creation of Variance Estimation Strata and Replicates

The nature of the stratified, clustered sampling design of the NSDUH main study, DR, and QFT samples requires that the design structure be taken into consideration when computing variances of survey estimates. Because the DR and QFT samples are assumed to be independent, two sets of key nesting variables (pseudo-strata and replicates) were utilized in the analyses. One set captured the design structure of the DR, and the other captured the design structure of the QFT. Both sets of nesting variables were mapped to the main study comparison data to allow for comparisons with the DR and QFT samples. The development of the QFT nesting variables is further discussed in the 2012 QFT final report (Currivan et al., 2013). This section outlines the creation of the DR nesting variables.

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

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

- Within the five DR sampling strata (high Spanish certainty stratum and four noncertainty census region strata), variance pseudo-strata were formed by assigning two sequential DR-selected SSRs to the same variance pseudo-strata on the sorted sampling frame. Each sampled SSR was then assigned to a replicate (1 or 2). However, there were three DR SSRs per variance pseudo-strata for four randomly selected pseudo-strata. This was necessary because an odd number of DR SSRs were selected in four of the strata. Within these four pseudo-strata, the third SSR was randomly assigned to either replicate 1 or replicate 2. This led to a total of 98 DR variance pseudo-strata, with two replicates per pseudo-strata.
- The main study SSRs that comprised the DR certainty stratum received the same pseudo-strata assignments as the DR certainty SSRs. For the noncertainty SSRs, the main study SSRs not selected for the DR were assigned to DR sampling pseudo-strata sequentially on the sorted SSR frame, in accordance with the assignments of selected DR SSRs. These assignments kept the number of SSRs per pseudo-strata as equal as possible given the distribution of DR-sampled SSRs within the sorted SSR frame. For both certainty and noncertainty SSRs, the original replicate assignments of either replicate 1 or replicate 2 were maintained for the main study. A further discussion of the assignment of main study replicates can be found in the 2012 sample design report (Morton, Martin, Shook-Sa, Chromy, & Hirsch, 2013).

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

3.6 Data File Preparation

Three data files were prepared for the DR analysis. In order to evaluate the DR results and estimates, two comparison data files from all four quarters of 2012 and quarters 3 and 4 of 2013 were created from the main study cases.

3.6.1 DR Data File

The DR data file was comprised of interviews conducted from September 1, 2013, through October 31, 2013. No interviews in Alaska and Hawaii were conducted, and these data underwent the normal data quality checks and telephone verification. Falsification was detected after the initial DR data file was produced for data processing and analysis. Two such cases were excluded from the final set of respondents, but the imputation and weighting were not redone once these cases were dropped from the data file. The final DR analysis data file resulted in 2,087 respondents.

3.6.2 2012 Comparison Data File

The 2012 comparison data file was created from the 2012 main study analysis file. The full set of respondents was reduced to 66,542 cases because of the exclusion of screenings and interviews conducted in Alaska and Hawaii.

3.6.3 2013 Quarters 3 and 4 Comparison Data File

The 2013 comparison data file was created using most of the 2013 main study cases fielded in quarters 3 and 4. As was done for the 2012 comparison file, screenings and interviews conducted in Alaska and Hawaii were also excluded. In order to allow time for analysis under the DR schedule, the 2013 comparison file only included cases with a completed date prior to December 2, 2013. Because this time frame was prior to completing verification on the full 2013 main study sample, some decisions were made to exclude cases undergoing field verifications at the time, based on the following criteria:

- *Cases completed by quarter 3 or 4 FIs found to have been falsified as of December 1, 2013*. In addition to cases that were determined to have some form of falsification, cases completed by these same FIs were dropped whenever it could not be determined whether the interview was actually completed or whether informed consent was completed. This second set of cases usually resulted from being unable to contact the respondent.
- *Quarter 4 cases that were worked by FIs whose work was still being field verified as of December 1, 2013*.
- *Quarter 3 interviews for FIs whose work was still being field verified as of December 1, 2013*. If falsification of quarter 4 cases was found, previous 2013 work completed by these FIs needed to be field verified.

Interviews scheduled for telephone verification that were not finalized by close of business on December 2, 2013, and met any of the three exclusion criteria above were not included in the 2013 quarters 3 and 4 comparison data file.

Additional falsification was detected after the initial 2013 comparison data file was produced for data processing and analysis. A total of 48 cases were excluded from the final set of respondents, but the imputation and weighting were not redone once these cases were dropped from the data file. The resulting 2013 quarters 3 and 4 comparison data file contained 32,162 interviews (see ***Table 3.3***).

Table 3.3 Data Files Created for the 2013 Dress Rehearsal Analyses

Data File	Data Collection Period	Number of Respondents
Dress Rehearsal (DR)	9/1/2013 – 10/31/2013	2,087
2012 Comparison	1/1/2012 – 12/31/2012	66,542
2013 Comparison	7/1/2013 – 12/1/2013	32,162

3.7 Data Analysis Issues

3.7.1 Primary Analytic Goals

The QFT provided evidence on the potential effects of changes to the protocol planned for the 2015 partial redesign on NSDUH estimates. The primary goal of the DR was to provide additional evidence to support the QFT results, and especially whether these results were generalizable to a data collection effort that includes Spanish-language interviews. The main focus of the statistical analysis is the measurement of how the collective set of protocol changes could affect key NSDUH estimates—overall and by the three major age groups—when the new protocol is implemented in 2015. The DR sample size was not large enough to permit quantitative assessments of the impact of individual changes in the protocol because such analyses would require dedicated samples for assessing each change. To carry out such a design to estimate the effects of each protocol change would be prohibitively costly and infeasible. Also, the resources needed to carry out such extensive testing would have risked having an impact on the main 2013 survey's estimates by affecting the availability of FIs to work on the main study.

3.7.2 Comparison with Current NSDUH Data

Most of the analyses in this report compare outcomes and estimates from the combined QFT and DR data from English-language interviews with non-Hispanic respondents with outcomes and estimates from the 2012 main study and 2013 quarters 3 and 4 main study for the same subgroups. These comparisons are limited to English-language interviews, given that Spanish-language interviews were not conducted in the QFT. In addition, comparisons are limited to non-Hispanics because the absence of a Spanish-language protocol could have affected the likelihood of participation in the QFT for Hispanics relative to the DR. (This factor would have any impact on the likelihood of response for non-Hispanics.) Hispanics who chose to participate in the QFT despite the lack of a Spanish-language instrument cannot be considered comparable with Hispanics who chose to participate in the DR in English, unless the participation decision was completely independent from the availability of a Spanish-language instrument. Including Hispanics in comparisons between the combined QFT and DR data and the 2012 and 2013 quarters 3 and 4 main study data from English-language interviews would require an assumption that those who participated in the QFT would still have chosen to participate in English had a Spanish-language version been available. Given that this is a questionable assumption, English-language interview data from Hispanic respondents were removed from the datasets to provide more comparable sets of respondents. For Spanish-language interviews, only outcomes and estimates from the DR could be compared with Spanish-language interviews from the 2012 main study and 2013 quarters 3 and 4 main study because the QFT interviews were completed in English only. Where appropriate and useful, comparisons examining both QFT and DR separately in relation to the two main study datasets were also presented.

Comparing the combined QFT and DR data or the DR data separately with data from quarters 3 and 4 from 2013 allowed for estimating the effects of the overall protocol change over approximately the same time period, with the DR being conducted during the last month of quarter 3 and the first month of quarter 4 of the 2013 main study. An additional point of comparison is provided by estimates from the 2012 main study. Use of the 2012 main study

provides additional sample with which to compare against the combined QFT and DR sample and the DR sample. Rather than relying solely on comparisons with the 2013 quarters 3 and 4 sample, the survey designers felt that it would be informative to compare estimates from the combined QFT and DR sample and the DR with the 2012 main study sample as well. The 2012 main study provides another data point with a larger sample size for these comparisons. This provides assurance that differences in estimates between either the combined QFT and DR data or the DR data alone and the 2013 quarters 3 and 4 sample are not unique to that comparison.

Comparisons using the pooled field test samples (QFT and DR) among non-Hispanics who were interviewed in English with the 2012 and 2013 quarters 3 and 4 comparison samples (also limited to non-Hispanics interviewed in English) were particularly useful for items that were modified for the QFT and retained in the DR questionnaire. If the difference between estimates for the QFT and DR samples are not statistically significant, these two datasets can be pooled to create an estimate with a larger sample size for comparison with the main study comparison datasets.

In addition to comparisons of estimates between the DR and 2012 and 2013 quarters 3 and 4 main study samples, two other types of analyses were completed in order to identify or rule out potential confounders of comparisons between the DR and the 2013 quarters 3 and 4 samples.

3.7.2.1 Comparison of DR Data and 2013 Quarters 3 and 4 Data to Assess "Seasonality" Effects on Estimates

In principle, the 2013 DR and comparison cases from quarters 3 and 4 of the 2013 NSDUH generally cover the same time period—late summer and early fall. Estimates from quarter 3 in the 2013 NSDUH were compared with estimates from quarter 4 in the 2013 NSDUH as a check for differences in estimates between the two quarters. Because the DR was conducted in only 2 months out of the 6 months of quarters 3 and 4, there was concern that the particular months chosen for the DR sample (September and October 2013) may not be representative of all 6 months in the last half of 2013, particularly if there were differences in estimates between quarters 3 and 4. If there were underlying changes in behavior taking place throughout the 6 months of quarters 3 and 4, the ideal design would involve collecting data using the redesigned instrument throughout the same time period. However, because of resource constraints, the DR sample could not be fielded in all of the 6 months of quarters 3 and 4 in 2013. If estimates in quarter 3 were similar to those in quarter 4 and there was no underlying change in the behaviors estimated by NSDUH, the time point at which the DR was fielded would be of less concern.

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

Comparisons were carried out for the following lifetime use measures between quarters 3 and 4 data in the 2013 comparison data: marijuana, cocaine, crack, heroin, hallucinogens, LSD,

PCP, Ecstasy, inhalants, cigarettes, smokeless tobacco, and alcohol. The same comparisons were carried out for lifetime misuse of pain relievers, tranquilizers, sedatives, stimulants (based on the standard definition that includes methamphetamine), methamphetamine, any illicit drug (standard definition that includes prescription drug misuse and methamphetamine), and any illicit drug other than marijuana. For 13 of the 19 measures, differences were not statistically significant. Six measures showed statistically significant differences between estimates from quarters 3 and 4: cocaine, PCP, inhalants, stimulant misuse (standard definition), methamphetamine, and any illicit drug (standard definition that includes prescription drug misuse and methamphetamine). These differences were all in the direction of higher prevalence rates in quarter 4 than in quarter 3. Consequently, DR estimates may be slightly underestimated if it is assumed that conducting more DR interviews later in the year would result in higher DR estimates. The magnitudes of the differences, however, suggest that this underestimate would be very small.

3.7.2.2 Comparison of DR Outcomes with 2013 Quarters 3 and 4 Main Study Outcomes to Assess Level of Effort Effects on Estimates

Another concern with comparing estimates from the QFT sample with those from the 2013 quarters 3 and 4 main study sample is that that field efforts for NSDUH are not distributed equally across the 3 months of each quarter. Typically, many interviews are conducted in the first month of each quarter, fewer are conducted in the second month, and fewer still in the third month. First-month responses may be systematically different from third-month responses, given differences in the level of effort required to screen households and interview selected respondents in the first month versus the third month. Analyses of the relationship between indicators related to length of time in the field, such as interview visits, have shown that respondents requiring more calls to complete the interview may have higher self-reported rates of illicit drug use (Biemer & Wang, 2006). Given that the DR data were collected in a compressed 2-month time period, a reduced calling effort may lead to differences between estimates from the DR sample and the 2013 quarters 3 and 4 samples.

To investigate this possibility, estimates for a limited number of measures were examined by the number of visits required to complete the interview for both the DR and 2013 quarters 3 and 4 samples. Estimates examined for both the DR sample and the 2013 comparison sample were for the lifetime use measures for a number of substances were examined, including marijuana, cocaine, crack, heroin, hallucinogens, inhalants, cigarettes, smokeless tobacco, and alcohol, as well as the misuse of pain relievers, tranquilizers, sedatives, and stimulants (measures including and excluding methamphetamine) and methamphetamine use. Overall, there was little evidence of strong differences in estimates by the number of visits and little indication that any such patterns differed by sample. Overall, estimates for the lifetime use (or misuse) of these substances were not strongly correlated with the number of visits required to complete the interview in either sample. In addition, the results indicated that these patterns did not differ in any meaningful way across the two samples. For the 2013 quarters 3 and 4 sample, estimates for lifetime misuse of prescription drugs (and methamphetamine use) were not available when this report was produced. As with the DR sample, estimates of lifetime use for other substances were mostly uncorrelated with the numbers of visits needed to complete the interviews.

3.7.3 Comparisons with Other Survey Data

Estimates from the DR sample were also compared with estimates from other appropriate sources, primarily for the purpose of providing further evidence on differences in estimates for items moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration. External data sources were also used for benchmark comparisons for items that were introduced in the QFT and repeated for the DR, as well as items that were introduced for the first time in the DR. Comparisons between NSDUH estimates and those from benchmark external data sources are typically shown in the NSDUH national findings report, such as in Appendix C from the 2012 NSDUH national findings report (Center for Behavioral Health Statistics and Quality [CBHSQ], 2013). Such comparisons provide relevant evidence on the effects of changes in the NSDUH data collection protocol. As noted in the 2012 national findings report, the results of such comparisons may be difficult to interpret given differences between NSDUH and other data collection systems in a number of areas, including the population of interest, sample design, data collection periods, screening and interviewing protocols, and estimation procedures.

The following data sources were used in these comparisons:

- National Health Interview Survey (NHIS), which includes measures of program participation, income, health insurance coverage, height and weight, and health conditions, and disabilities and physical limitations;
- National Health and Nutrition Examination Survey (NHANES), which includes self-reported and direct measures of height and weight;
- American Community Survey (ACS), which provides estimates on program participation and health insurance coverage and English proficiency;
- Current Population Survey (CPS), which provides estimates on employment;
- General Social Survey (GSS), which includes an item on sexual identity; and
- National Survey of Family Growth (NSFG), which includes an item on sexual identity.

Results for these comparisons are presented and discussed in ***Chapter 7***.

4. Data Collection Outcomes and Data Quality Assessment

4.1 Overview of Data Collection and Data Quality Outcomes

This chapter presents a variety of indicators used to assess the quality of the 2013 Dress Rehearsal (DR) data. Where feasible and appropriate, data quality outcomes for the DR data are assessed in relation to the 2012 main study comparison data and the 2013 quarters 3 and 4 main study comparison data. Examining these indicators identifies the potential impact of the questionnaire and protocol revisions implemented for the DR on data quality when the partial redesign is implemented in the 2015 National Survey on Drug Use and Health (NSDUH).

Section 4.2 presents both screening and interviewing unit response rates for all three datasets, the number of field interviewer (FI) visits for both completed and noncompleted screenings and completed and noncompleted interviews**,** and comparisons of demographic and geographic characteristics among the datasets. ***Section 4.3*** details the imputation rates for the variables that were common to the 2012 comparison data, the 2013 quarters 3 and 4 comparison data, and the DR data, while ***Section 4.4*** details the missing data rates for moved, revised, or new items in the DR questionnaire. ***Section 4.5*** presents the overall and module-specific interview timing results, including comparisons among the datasets where appropriate. ***Section 4.6*** describes other data quality indicators for the new prescription drug modules included in the DR questionnaire.

4.2 Unit Response Rates and Sample Characteristics (*Research Question 3*)

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

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

SRRs were calculated for the 2012 main study comparison sample, the 2013 quarters 3 and 4 main study comparison sample, the 2012 Questionnaire Field Test (QFT) sample, and the 2013 DR sample. Response rates for 2012 were calculated using final 2012 main study data. Data for Alaska and Hawaii were removed to make rates more comparable with the 2012 QFT and 2013 DR samples. SRRs for the 2013 comparison sample were calculated based on the preliminary results for quarters 3 and 4 of 2013, with Alaska and Hawaii removed. Screeners associated with FIs that were subject to field verification at the time the preliminary data were obtained were considered nonrespondents to minimize the risk of introducing falsified cases onto the comparison file. Because the 2013 comparison data were based on the data collected as of

December 1, 2013, quarter 4 screenings completed after that date were considered nonrespondents for the purposes of the DR analysis. Similarly, any screener completions that were later recoded as screener incompletes were treated as screener completions for the purposes of the DR analysis. An exception to this rule was that cases in the 2013 quarters 3 and 4 comparison data file that were determined (or suspected) to be falsified were removed from the 2013 quarters 3 and 4 comparison data file (see ***Section 3.6.3***).

Table 4.1 lists the sample totals and the national screening and interviewing response rates for the 2012 main study comparison file, the 2013 quarters 3 and 4 main study comparison file, the QFT, and the DR. This table provides both the weighted and unweighted screening and interviewing response rates for each sample. The weighted screening response rates for the 2012 main study comparison file, the 2013 quarters 3 and 4 main study comparison file, the QFT, and the DR were 86.09 percent, 79.23 percent, 83.58 percent, and 81.70 percent, respectively.

One difference between the QFT sample and the three other samples (two main study samples and the DR sample) that could not be accounted for is the language used to complete screenings. For the main study and the DR, screenings could be completed in English or Spanish, and the FI had the ability to switch languages as needed. As a result, the language that was used for each screening could not be determined. For the QFT, a Spanish-language version of the screening interview was not available, so households that could not complete the screening in English were treated as nonrespondents. An additional factor that could affect SRRs was improvements to the QFT and DR lead letters, which were expected to improve SRRs.

Table 4.2 presents data on the number of visits made for successfully completed screenings in each of the three samples. The overall distribution of visits for completed screenings in the DR sample looked quite similar to the distributions for the 2012 and 2013 quarters 3 and 4 comparison samples, with only slight differences for a few number of visit categories. These distributions indicate that there were no significant differences in the number of visits required to complete screenings in the DR data collection compared with the 2012 and 2013 quarters 3 and 4 comparison samples.

For comparison, ***Table 4.3*** presents data on the number of visits made to DUs that were not successfully screened for each of the three samples. This further comparison allows for an assessment of how the DR screening results might have differed from the 2012 and 2013 quarters 3 and 4 comparison samples when screening efforts were not successful. In general, a smaller percentage of the DR sample cases were finalized as noncompleted screenings with one or two visits than noncompleted screenings in the 2012 and 2013 quarters 3 and 4 comparison samples. Only 10.1 percent of noncompleted screenings in the DR sample were finalized on the first visit compared with 18.2 percent and 16.5 percent of noncompleted screenings in the 2012 and 2013 quarters 3 and 4 samples, respectively, and these were finalized on the first visit. Similarly, only 13.0 percent of noncompleted screenings in the DR sample were finalized in two visits compared with 19.0 percent and 17.4 percent of noncompleted screenings in the 2012 and 2013 quarters 3 and 4 samples, respectively. In the highest category, 10 or more screening visits, the results were reversed. In the DR sample, 27.3 percent of noncompleted screenings were finalized after 10 or more visits compared with 20.9 percent and 22.2 percent of noncompleted screenings in the 2012 and 2013 quarters 3 and 4 samples, respectively.

Table 4.1 Screenings, Interviews, and Response Rates for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal Estimates

Sample Totals and Rates	2012 Main Study Comparison Sample		2013 Quarters 3 and 4 Main Study Comparison Sample		2012 Questionnaire Field Test		2013 Dress Rehearsal	
Eligible Dwelling Units	173,956		93,509		4,623		4,392	
Completed Screenings	149,992		74,960		3,837		3,511	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Screening Response Rate	86.22%	86.09%	80.16%	79.23%	83.00%	83.58%	79.94%	81.70%
Selected Persons	85,295		39,850		2,823		2,808	
Completed Interviews	66,542		32,162		2,044		2,087	
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Interviewing Response Rate	78.01%	73.06%	80.71%	77.26%	72.41%	69.04%	74.32%	70.55%
	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted	Unweighted	Weighted
Overall Response Rate	67.27%	62.89%	64.70%	61.21%	60.09%	57.71%	59.41%	57.64%

Table 4.2 Number of Visits Made for Completed Screenings for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
Visits	**Screenings**	**Percent**	**Cumulative Percent**	**Screenings**	**Percent**	**Cumulative Percent**	**Screenings**	**Percent**	**Cumulative Percent**
1	54,959	36.6	36.6	28,315	36.2	36.2	1,289	36.5	36.5
2	30,964	20.6	57.3	16,031	20.5	56.7	716	20.3	56.8
3	18,436	12.3	69.6	9,543	12.2	68.9	439	12.4	69.2
4	11,998	8.0	77.6	6,223	8.0	76.9	317	9.0	78.2
5 to 9	23,843	15.9	93.4	12,660	16.2	93.1	533	15.0	93.2
10 or More	9,792	6.5	100.0	5,407	6.9	100.0	238	6.7	100.0
Unknown	0	0.0	100.0	0	0.0	100.0	0	0.0	100.0
Total	**149,992**			**78,179**			**3,532**		

Table 4.3 Number of Visits Made for Noncompleted Screenings for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
Visits	**Non-completed Screenings**	**Percent**	**Cumulative Percent**	**Non-completed Screenings**	**Percent**	**Cumulative Percent**	**Non-completed Screenings**	**Percent**	**Cumulative Percent**
1	10,676	18.2	18.2	5,469	16.5	16.5	150	10.1	10.1
2	11,130	19.0	37.2	5,772	17.4	33.9	203	13.7	23.8
3	6,546	11.2	48.3	3,853	11.6	45.5	219	14.8	38.5
4	4,845	8.3	56.6	2,835	8.6	54.1	139	9.4	47.9
5 to 9	13,230	22.5	79.2	7,874	23.8	77.9	368	24.9	72.9
10 or More	12,261	20.9	100.0	7,351	22.2	100.0	405	27.3	100.0
Unknown	1	0.0	100.0	0	0.0	100.0	0	0.0	100.0
Total	**58,689**			**33,154**			**1,484**		

Overall, the results presented in ***Tables 4.2*** and ***4.3*** suggest that completed screeners in the DR sample were finalized based on similar numbers of visits as those in the 2012 and 2013 quarters 3 and 4 comparison samples. One notable difference among the three datasets was that a smaller proportion of noncompleted screeners in the DR were finalized with only one or two visits than in the 2012 and 2013 quarters 3 and 4 comparison samples, and a larger proportion of noncompleted screeners in the DR were finalized with 10 or more visits than in the 2012 and 2013 quarters 3 and 4 comparison samples.

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

The interviewing response rate (IRR) is the number of completed interviews divided by the total number of eligible respondents chosen through screening. Any ineligible respondents (younger than 12 or actually in the military) were subtracted from the total. For the 2013 main study comparison sample, interview status was determined based on the December 1, 2013, preliminary results. Cases that were undergoing field verification at that time were treated as nonrespondents. Cases that resulted in interview completions after this date were treated as nonrespondents, and cases that were classified as interviews on this date that were later recoded as noncompletes were treated as completed interviews for the purposes of the DR analysis, with the exception of interviews dropped because they were determined (or suspected) to have been falsified (see ***Section 3.6.3***). To make the 2012 main study and the 2013 quarters 3 and 4 main study more comparable with the DR and QFT samples, interviews completed in Alaska and Hawaii were excluded. One difference between the QFT and the three other samples (two main study samples and the DR sample) is the language used to complete the interview. Unlike the other three samples, the QFT did not allow for interviews to be completed in Spanish. Persons selected for the QFT who could not complete the interview in English were treated as eligible nonrespondents, while bilingual interviewers were available to interview respondents in Spanish for the other three studies.

Table 4.4 presents the unweighted and weighted IRRs by age group for all four samples. The weighted IRRs for the 2012 main study, the 2013 quarters 3 and 4 main study, the QFT, and the DR were 73.06 percent, 77.26 percent, 69.04 percent, and 70.58 percent, respectively.

Table 4.4 Interview Response Rates, by Age, for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal

Age Category	Unweighted Percent				Weighted Percent			
	2012	2013 Quarters 3 and 4	QFT	DR	2012	2013 Quarters 3 and 4	QFT	DR
12 to 17	83.03	85.10	82.05	79.62	82.88	85.67	82.25	78.03
18 to 25	79.43	81.83	75.71	81.54	79.24	81.84	75.26	81.82
26 to 34	75.71	78.30	68.07	72.11	75.31	78.80	68.91	72.00
35 to 49	73.51	77.39	66.25	69.07	73.05	77.44	66.32	68.86
50 to 64	70.40	74.39	67.25	64.34	69.17	75.68	66.78	62.70
65 or Older	66.55	69.15	63.68	68.39	65.64	68.95	63.48	71.07

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

Table 4.5 presents data on the number of visits made for completed interviews for the DR sample and the 2012 and 2013 quarters 3 and 4 comparison samples. Similar to the results on the

number of visits for completed screenings (see ***Table 4.2***), the percentage of completed interviews in each category of the number of visits followed a similar pattern across the three samples. A lower percentage of DR interviews were completed on the first visit than in the 2012 and 2013 quarter 3 and 4 comparison samples. DR interviews were less likely to be completed "on the spot," that is, at the same time the household was screened and one or more respondents were selected. However, by the second visit, the cumulative percentages of cases with two or fewer visits required to complete the interview were all close to 70 percent for all three samples. Overall, the distribution of completed interviews by the number of visits made for the DR sample was similar to the 2012 and 2013 quarters 3 and 4 comparison samples.

Table 4.6 presents results for the number of visits made for selected respondents who were not successfully interviewed for each of the three samples. This further comparison allows for an assessment of how the DR interviewing results might have differed from the 2012 and 2013 quarters 3 and 4 comparison samples when attempts to interview selected respondents were unsuccessful. In general, the proportion of noninterviews for the DR sample across the categories of visits followed a similar pattern as the 2012 and 2013 quarters 3 and 4 comparison samples. The percentage of noninterviews finalized after the first two calls in the DR sample (17.4 percent) was more similar to that of the 2012 comparison sample (17.9 percent) than to that of the 2013 quarter 3 and 4 sample (20.4 percent). By the ninth call, the cumulative proportions of finalized noninterviews were similar for the DR sample (73.1 percent) and the 2013 quarters 3 and 4 comparison sample (74.1 percent). In the 2012 comparison sample, the proportion of noninterviews was slightly lower (70.3 percent) than in the other two samples. Overall, these results indicate some relatively small and inconsistent variation in the distribution of completed noninterviews by the number of visits made for the DR sample relative to the 2012 and 2013 quarters 3 and 4 comparison samples.

4.2.3 Geographic, Demographic, and Household Characteristics for the Complete DR Sample

Another way to assess the relative representativeness of the full DR sample is to compare demographic and household estimates for the combined QFT-DR data and the comparison data. ***Tables 4.7a*** through ***4.7d*** present estimates for selected geographic, demographic, and household characteristics across age groups for both English-language and Spanish-language interviews for the DR dataset and the 2012 and 2013 quarters 3 and 4comparison datasets. To assess the significance of any differences, the tables also provide a chi-square statistic and *p v*alue for both weighted and unweighted comparisons.[10]

[10] Differences in estimates for the selected demographic and household items between the combined QFT-DR data and the main study comparison data presented in ***Tables 4.7a*** through ***4.7d*** could result from either (1) differences in the composition of the combined QFT-DR and comparison samples or (2) differences in how respondents reported these items in the QFT and DR interviews versus the main study comparison interviews. Because these demographic and household questions were administered via audio computer-assisted self-interviewing (ACASI) for all QFT and DR respondents and via computer-assisted personal interviewing (CAPI) for all comparison sample respondents, the potentially confounding effects of sample differences and mode differences cannot be directly assessed from this study design.

Table 4.5 Number of Visits Made for Completed Interviews for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
Visits	**Completed Interviews**	**Percent**	**Cumulative Percent**	**Completed Interviews**	**Percent**	**Cumulative Percent**	**Completed Interviews**	**Percent**	**Cumulative Percent**
1	23,898	35.9	35.9	12,659	39.4	39.4	886	42.5	42.5
2	22,821	34.3	70.2	10,290	32.0	71.4	586	28.1	70.5
3	7,698	11.6	81.8	3,520	10.9	82.3	240	11.5	82.0
4	3,574	5.4	87.1	1,737	5.4	87.7	107	5.1	87.2
5 to 9	6,162	9.1	96.3	2,876	8.9	96.6	185	8.8	96.0
10 or More	2,283	3.4	99.8	1,020	3.2	99.8	81	3.9	99.9
Unknown	106	0.2	100.0	60	0.2	100.0	2	0.1	100.0
Total	**66,542**			**32,162**			**2,087**		

Table 4.6 Number of Visits Made for Noncompleted Interviews for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal

	2012 Main Study Comparison Sample			2013 Quarters 3 and 4 Main Study Comparison Sample			2013 Dress Rehearsal		
Visits	**Noncompleted Interviews**	**Percent**	**Cumulative Percent**	**Noncompleted Interviews**	**Percent**	**Cumulative Percent**	**Noncompleted Interviews**	**Percent**	**Cumulative Percent**
1	1,242	6.4	6.4	549	7.5	7.5	40	5.3	5.3
2	2,218	11.5	17.9	936	12.8	20.4	91	12.1	17.4
3	1,895	9.8	27.7	856	11.7	32.1	84	11.2	28.6
4	1,733	9.0	36.7	727	10.0	42.1	62	8.3	36.9
5 to 9	6,491	33.6	70.3	2,338	32.1	74.1	272	36.2	73.1
10 or More	5,579	28.9	99.1	1,864	25.6	99.7	199	26.5	99.6
Unknown	174	0.9	100.0	25	0.3	100.0	3	0.4	100.0
Total	**19,332**			**7,295**			**751**		

Table 4.7a Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 66,542)[1,2]			2013 Comparison (n = 32,162)[1,3]			2013 DR (n = 2,087)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										1.62, 0.1888	1.61, 0.1929	20.68, 0.0000[c]	21.39, 0.0000[c]
Northeast	13,773	20.7	18.3	6,784	21.1	18.3	301	14.4	19.5				
Midwest	19,142	28.8	21.6	9,145	28.4	21.6	340	16.3	25.8				
South	20,886	31.4	37.3	10,169	31.6	37.3	653	31.3	34.5				
West	12,741	19.1	22.8	6,064	18.9	22.8	793	38.0	20.2				
COUNTY TYPE										1.07, 0.3471	0.70, 0.5009	20.21, 0.0000[c]	18.39, 0.0000[c]
Large Metro	30,691	46.1	55.3	15,022	46.7	54.0	1,348	64.6	51.1				
Small Metro	22,925	34.5	30.1	11,047	34.3	31.3	499	23.9	30.5				
Nonmetro	12,926	19.4	14.6	6,093	18.9	14.7	240	11.5	18.4				
EDUCATION[5]										5.76, 0.0011[c]	6.58, 0.0004[c]	9.28, 0.0000[c]	12.40, 0.0000[c]
< High School	6,604	14.8	14.6	2,839	13.3	13.0	291	18.4	16.4				
High School Graduate	14,368	32.2	29.6	7,047	32.9	30.1	440	27.8	28.8				
Some College	13,344	29.9	26.6	6,624	31.0	27.1	530	33.5	31.8				
College Graduate	10,269	23.0	29.2	4,886	22.8	29.8	321	20.3	23.1				
CURRENTLY EMPLOYED[5]	30,342	68.1	64.0	14,812	69.2	65.1	1,031	65.2	62.6	0.36, 0.5486	1.27, 0.2618	4.21, 0.0429[c]	8.74, 0.0039[c]
EMPLOYMENT[5]										0.18, 0.9118	1.76, 0.1602	3.25, 0.0250[c]	4.30, 0.0068[c]
Full-Time	21,770	48.8	50.0	10,714	50.1	51.0	776	49.1	48.6				
Part-Time	8,572	19.2	14.0	4,098	19.2	14.0	255	16.1	14.0				
Unemployed	3,720	8.3	5.8	1,610	7.5	4.5	136	8.6	6.2				
Other[6]	10,523	23.6	30.2	4,974	23.2	30.5	415	26.2	31.2				
OVERALL HEALTH[7]										2.12, 0.1024	2.26, 0.0859	13.35, 0.0000[c]	14.04, 0.0000[c]
Excellent	18,465	27.8	23.0	8,891	27.6	23.1	494	23.7	19.8				
Very Good	26,899	40.4	37.1	12,954	40.3	36.8	805	38.6	37.0				
Good	16,004	24.1	27.3	7,863	24.5	27.6	553	26.5	28.2				
Fair/Poor	5,166	7.8	12.7	2,448	7.6	12.5	233	11.2	15.0				
COVERED BY ANY HEALTH INSURANCE	56,355	84.7	84.8	27,359	85.1	85.5	1,642	78.7	83.2	0.95, 0.3314	2.35, 0.1289	24.53, 0.0000[c]	29.26, 0.0000[c]

See notes at end of table.

(continued)

Table 4.7a Demographic and Geographic Characteristics among Persons Aged 12 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 66,542)[1,2]			2013 Comparison (n = 32,162)[1,3]			2013 DR (n = 2,087)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
FAMILY INCOME										10.51, 0.0000[c]	13.03, 0.0000[c]	5.33, 0.0019[c]	6.45, 0.0005[c]
< $20,000	15,763	23.7	18.8	7,507	23.3	18.6	629	30.1	28.0				
$20,000-$49,999	21,677	32.6	32.2	10,350	32.2	31.6	710	34.0	33.3				
$50,000-$74,999	10,549	15.9	16.4	4,997	15.5	17.0	285	13.7	14.9				
≥ $75,000	18,553	27.9	32.6	9,308	28.9	32.8	463	22.2	23.8				
PARTICIPATED IN GOVERNMENT PROGRAM[8]	17,106	25.7	21.1	8,468	26.3	21.2	621	29.8	24.7	5.78, 0.0181[c]	4.94, 0.0286[c]	6.07, 0.0155[c]	4.26, 0.0416[c]
RECEIVED INCOME													
Social Security	9,887	14.9	26.7	5,035	15.7	26.8	316	15.1	23.6	1.87, 0.1744	1.87, 0.1747	0.07, 0.7892	0.20, 0.6519
Supplemental Security Income	4,928	7.4	7.6	2,546	7.9	7.7	174	8.3	8.0	0.17, 0.6773	0.08, 0.7800	1.75, 0.1889	0.33, 0.5675
Food Stamps	14,153	21.3	16.4	7,032	21.9	16.3	502	24.1	19.9	6.15, 0.0149[c]	6.17, 0.0147[c]	2.97, 0.0880	1.84, 0.1776
Welfare Payments	2,502	3.8	2.5	1,120	3.5	2.1	138	6.6	3.2	1.76, 0.1877	5.77, 0.0182[c]	11.34, 0.0011[c]	14.22, 0.0003[c]
BETTER PROVIDER OF INFORMATION[7]	24,852	43.9	19.1	12,668	46.0	21.2	680	38.2	24.5	9.73, 0.0024[c]	3.69, 0.0577	19.83, 0.0000[c]	38.65, 0.0000[c]
USED PROXY	22,787	34.2	13.8	11,547	35.9	14.9	606	29.0	16.4	4.07, 0.0463[c]	1.21, 0.2733	18.49, 0.0000[c]	33.08, 0.0000[c]

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are n = 44,585 for 2012 comparison, n = 21,396 for 2013 comparison, and n = 1,582 for 2013 DR.
[6] The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.
[7] Respondents with unknown data were excluded.
[8] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.7b Demographic and Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 21,957)[1,2]			2013 Comparison (n = 10,766)[1,3]			2013 DR (n = 505)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										0.43, 0.7349	0.32, 0.8138	23.48, 0.0000[c]	25.92, 0.0000[c]
Northeast	4,421	20.1	17.1	2,291	21.3	17.8	66	13.1	19.2				
Midwest	6,387	29.1	21.9	3,051	28.3	22.2	61	12.1	25.2[*]				
South	6,964	31.7	37.6	3,373	31.3	36.8	163	32.3	32.7				
West	4,185	19.1	23.5	2,051	19.1	23.2	215	42.6	22.9				
COUNTY TYPE										1.08, 0.3420	0.98, 0.3807	11.60, 0.0000[c]	10.44, 0.0001[c]
Large Metro	10,211	46.5	56.2	5,097	47.3	55.6	314	62.2	46.5				
Small Metro	7,426	33.8	29.7	3,601	33.4	30.5	137	27.1	36.6				
Nonmetro	4,320	19.7	14.1	2,068	19.2	14.0	54	10.7	17.0				
OVERALL HEALTH[5]										2.13, 0.1011	1.91, 0.1323	1.96, 0.1251	1.92, 0.1308
Excellent	7,405	33.7	35.1	3,572	33.2	33.3	147	29.2	30.0				
Very Good	9,267	42.2	41.0	4,579	42.5	42.8	230	45.6	48.5				
Good	4,452	20.3	20.3	2,220	20.6	20.3	100	19.8	16.1				
Fair/Poor	832	3.8	3.7	395	3.7	3.6	27	5.4	5.3				
COVERED BY ANY HEALTH INSURANCE	20,545	93.6	93.0	10,087	93.7	93.0	467	92.5	94.9	1.12, 0.2921	1.08, 0.3003	0.74, 0.3931	0.91, 0.3416
FAMILY INCOME										4.06, 0.0092[c]	3.17, 0.0277[c]	8.69, 0.0000[c]	8.05, 0.0001[c]
< $20,000	4,073	18.5	17.8	2,027	18.8	18.6	153	30.3	25.4				
$20,000-$49,999	6,788	30.9	30.0	3,333	31.0	30.4	174	34.5	35.9				
$50,000-$74,999	3,718	16.9	16.6	1,759	16.3	15.8	67	13.3	13.2				
≥ $75,000	7,378	33.6	35.6	3,647	33.9	35.1	111	22.0	25.4				

See notes at end of table.

(continued)

Table 4.7b Demographic and Geographic Characteristics among Persons Aged 12 to 17: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (*n* = 21,957)[1,2]			2013 Comparison (*n* = 10,766)[1,3]			2013 DR (*n* = 505)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
PARTICIPATED IN GOVERNMENT PROGRAM[6]	6,221	28.3	27.2	3,182	29.6	28.7	191	37.8	33.2	2.37, 0.1271	1.17, 0.2812	10.27, 0.0018[c]	7.20, 0.0086[c]
RECEIVED INCOME													
Social Security	2,575	11.7	11.6	1,340	12.4	11.4	65	12.9	13.0	0.30, 0.5833	0.41, 0.5235	0.56, 0.4575	0.07, 0.7950
Supplemental Security Income	1,829	8.3	8.0	942	8.7	8.0	54	10.7	10.1	1.10, 0.2970	1.07, 0.3028	2.93, 0.0901	1.94, 0.1665
Food Stamps	5,178	23.6	22.5	2,679	24.9	24.2	161	31.9	28.3	2.53, 0.1149	1.08, 0.3011	8.69, 0.0040[c]	5.73, 0.0186[c]
Welfare Payments	950	4.3	4.1	480	4.5	4.2	53	10.5	6.1	2.29, 0.1336	2.10, 0.1504	16.48, 0.0001[c]	15.91, 0.0001[c]
BETTER PROVIDER OF INFORMATION[5]	19,681	90.0	89.3	9,759	91.0	90.7	454	90.1	91.4	1.29, 0.2595	0.15, 0.7018	0.00, 0.9780	0.48, 0.4918
USED PROXY	18,804	85.6	84.9	9,323	86.6	86.7	438	86.7	88.3	2.18, 0.1434	0.49, 0.4855	0.49, 0.4856	0.01, 0.9321

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Respondents with unknown data were excluded.
[6] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.7c Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 21,943)[1,2]			2013 Comparison (n = 10,436)[1,3]			2013 DR (n = 529)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										0.61, 0.6125	0.58, 0.6303	11.88, 0.0000[c]	12.32, 0.0000[c]
Northeast	4,666	21.3	17.9	2,164	20.7	17.8	86	16.3	23.8[*]				
Midwest	6,220	28.3	21.4	3,019	28.9	21.8	86	16.3	20.6				
South	6,941	31.6	37.1	3,324	31.9	37.7	150	28.4	35.5				
West	4,116	18.8	23.6	1,929	18.5	22.7	207	39.1	20.1				
COUNTY TYPE										0.39, 0.6802	0.24, 0.7872	14.72, 0.0000[c]	14.05, 0.0000[c]
Large Metro	10,097	46.0	56.2	4,868	46.6	54.3	352	66.5	51.7				
Small Metro	7,851	35.8	31.2	3,710	35.6	32.4	135	25.5	36.2				
Nonmetro	3,995	18.2	12.6	1,858	17.8	13.3	42	7.9	12.1				
EDUCATION										0.60, 0.6189	1.09, 0.3551	2.75, 0.0467[c]	2.99, 0.0346[c]
< High School	3,446	15.7	15.4	1,422	13.6	13.2	91	17.2	15.6				
High School Graduate	7,752	35.3	34.0	3,886	37.2	36.9	184	34.8	35.4				
Some College	7,504	34.2	35.7	3,682	35.3	35.3	205	38.8	38.6				
College Graduate	3,241	14.8	14.8	1,446	13.9	14.6	49	9.3	10.4				
CURRENTLY EMPLOYED	14,690	66.9	66.1	7,174	68.7	67.5	335	63.3	65.3	0.07, 0.7923	0.52, 0.4706	2.80, 0.0974	6.16, 0.0147[c]
EMPLOYMENT										0.10, 0.9588	0.19, 0.9012	1.31, 0.2757	2.31, 0.0806
Full-Time	8,851	40.3	38.9	4,431	42.5	41.0	209	39.5	39.8				
Part-Time	5,839	26.6	27.2	2,743	26.3	26.6	126	23.8	25.4				
Unemployed	2,565	11.7	11.9	1,158	11.1	10.9	73	13.8	11.9				
Other[5]	4,688	21.4	22.0	2,104	20.2	21.5	121	22.9	22.9				
OVERALL HEALTH[6]										1.41, 0.2443	0.75, 0.5221	1.88, 0.1374	1.79, 0.1547
Excellent	6,191	28.2	29.5	2,939	28.2	28.4	136	25.7	25.0				
Very Good	9,317	42.5	41.5	4,401	42.2	42.4	211	39.9	45.7				
Good	5,174	23.6	23.4	2,495	23.9	23.8	140	26.5	24.1				
Fair/Poor	1,259	5.7	5.6	600	5.7	5.4	42	7.9	5.3				
COVERED BY ANY HEALTH INSURANCE	17,018	77.6	77.3	8,093	77.5	76.9	360	68.1	74.7	0.78, 0.3802	0.52, 0.4727	18.63, 0.0000[c]	19.45, 0.0000[c]

See notes at end of table.

(continued)

Table 4.7c Demographic and Geographic Characteristics among Persons Aged 18 to 25: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (*n* = 21,943)[1,2]			2013 Comparison (*n* = 10,436)[1,3]			2013 DR (*n* = 529)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
FAMILY INCOME										4.53, 0.0051[c]	3.33, 0.0226[c]	2.48, 0.0656	3.56, 0.0170[c]
< $20,000	7,793	35.5	33.0	3,687	35.3	34.8	216	40.8	43.9				
$20,000-$49,999	7,446	33.9	33.3	3,466	33.2	33.0	187	35.3	34.0				
$50,000-$74,999	2,783	12.7	13.3	1,309	12.5	12.6	57	10.8	9.8				
≥ $75,000	3,921	17.9	20.4	1,974	18.9	19.7	69	13.0	12.4				
PARTICIPATED IN GOVERNMENT PROGRAM[7]	5,947	27.1	25.3	2,885	27.6	26.4	168	31.8	29.1	1.51, 0.2223	0.73, 0.3936	4.04, 0.0473[c]	3.13, 0.0802
RECEIVED INCOME													
Social Security	2,025	9.2	9.6	1,040	10.0	9.6	46	8.7	8.6	0.36, 0.5513	0.34, 0.5613	0.26, 0.6101	1.34, 0.2501
Supplemental Security Income	1,374	6.3	6.2	743	7.1	6.4	34	6.4	6.2	0.00, 0.9724	0.02, 0.8913	0.03, 0.8674	0.42, 0.5169
Food Stamps	5,040	23.0	21.0	2,446	23.4	22.1	134	25.3	23.2	0.45, 0.5059	0.11, 0.7428	1.17, 0.2822	0.78, 0.3789
Welfare Payments	964	4.4	4.1	398	3.8	3.3	39	7.4	4.9	0.51, 0.4753	2.20, 0.1410	7.07, 0.0092[c]	11.09, 0.0012[c]
BETTER PROVIDER OF INFORMATION[6]	3,764	22.5	22.8	2,149	26.4	27.6	117	26.7	29.0	3.44, 0.0668	0.16, 0.6939	3.50, 0.0642	0.01, 0.9123
USED PROXY	2,885	13.1	13.6	1,631	15.6	16.2	83	15.7	15.5	0.80, 0.3725	0.07, 0.7908	2.71, 0.1031	0.00, 0.9713

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.
[6] Respondents with unknown data were excluded.
[7] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.7d Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 22,642)[1,2]			2013 Comparison (n = 10,960)[1,3]			2013 DR (n = 1,053)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										1.70, 0.1716	1.81, 0.1510	12.64, 0.0000[c]	13.59, 0.0000[c]
Northeast	4,686	20.7	18.5	2,329	21.3	18.4	149	14.2	18.8				
Midwest	6,535	28.9	21.7	3,075	28.1	21.6	193	18.3	26.8				
South	6,981	30.8	37.3	3,472	31.7	37.3	340	32.3	34.6				
West	4,440	19.6	22.6	2,084	19.0	22.8	371	35.2	19.8				
COUNTY TYPE										0.90, 0.4083	0.71, 0.4960	16.41, 0.0000[c]	15.58, 0.0000[c]
Large Metro	10,383	45.9	55.0	5,057	46.1	53.7	682	64.8	51.6				
Small Metro	7,648	33.8	29.9	3,736	34.1	31.3	227	21.6	28.7				
Nonmetro	4,611	20.4	15.1	2,167	19.8	15.0	144	13.7	19.7				
EDUCATION										4.66, 0.0044[c]	4.97, 0.0030[c]	11.65, 0.0000[c]	10.85, 0.0000[c]
< High School	3,158	13.9	14.5	1,417	12.9	13.0	200	19.0	16.5				
High School Graduate	6,616	29.2	28.9	3,161	28.8	28.9	256	24.3	27.6				
Some College	5,840	25.8	25.0	2,942	26.8	25.7	325	30.9	30.6				
College Graduate	7,028	31.0	31.6	3,440	31.4	32.4	272	25.8	25.3				
CURRENTLY EMPLOYED	15,652	69.1	63.6	7,638	69.7	64.6	696	66.1	62.2	0.32, 0.5723	1.01, 0.3167	2.88, 0.0926	4.18, 0.0435[c]
EMPLOYMENT										0.21, 0.8906	1.69, 0.1740	1.23, 0.3045	2.86, 0.0407[c]
Full-Time	12,919	57.1	51.9	6,283	57.3	52.8	567	53.8	50.2				
Part-Time	2,733	12.1	11.7	1,355	12.4	11.9	129	12.3	12.0				
Unemployed	1,155	5.1	4.7	452	4.1	3.4	63	6.0	5.2				
Other[5]	5,835	25.8	31.7	2,870	26.2	32.0	294	27.9	32.6				
OVERALL HEALTH[6]										1.49, 0.2227	1.81, 0.1498	1.31, 0.2739	1.55, 0.2066
Excellent	4,869	21.5	20.3	2,380	21.7	20.9	211	20.1	17.7				
Very Good	8,315	36.7	35.8	3,974	36.3	35.0	364	34.6	34.1				
Good	6,378	28.2	28.8	3,148	28.7	29.2	313	29.8	30.4				
Fair/Poor	3,075	13.6	15.0	1,453	13.3	14.8	164	15.6	17.8				
COVERED BY ANY HEALTH INSURANCE	18,792	83.0	85.0	9,179	83.8	86.1	815	77.4	83.2	0.97, 0.3279	2.61, 0.1097	11.63, 0.0009[c]	14.07, 0.0003[c]

See notes at end of table.

(continued)

Table 4.7d Demographic and Geographic Characteristics among Persons Aged 26 or Older: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 22,642)[1,2]			2013 Comparison (n = 10,960)[1,3]			2013 DR (n = 1,053)[1,4]			2012 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
FAMILY INCOME										8.22, 0.0001[c]	11.40, 0.0000[c]	6.65, 0.0004[c]	8.97, 0.0000[c]
< $20,000	3,897	17.2	16.5	1,793	16.4	15.8	260	24.7	25.6				
$20,000-$49,999	7,443	32.9	32.3	3,551	32.4	31.5	349	33.1	32.9				
$50,000-$74,999	4,048	17.9	17.0	1,929	17.6	17.9	161	15.3	16.0				
≥ $75,000	7,254	32.0	34.3	3,687	33.6	34.8	283	26.9	25.6				
PARTICIPATED IN GOVERNMENT PROGRAM[7]	4,938	21.8	19.7	2,401	21.9	19.4	262	24.9	22.9	3.88, 0.0518	4.35, 0.0397[c]	3.24, 0.0749	3.09, 0.0817
RECEIVED INCOME													
Social Security	5,287	23.4	31.5	2,655	24.2	31.6	205	19.5	27.5	2.30, 0.1323	2.33, 0.1300	4.88, 0.0294[c]	6.54, 0.0121[c]
Supplemental Security Income	1,725	7.6	7.7	861	7.9	7.8	86	8.2	8.0	0.06, 0.8129	0.02, 0.8935	0.39, 0.5333	0.11, 0.7437
Food Stamps	3,935	17.4	14.9	1,907	17.4	14.3	207	19.7	18.2	5.56, 0.0203[c]	7.07, 0.0092[c]	1.88, 0.1736	1.90, 0.1714
Welfare Payments	588	2.6	2.1	242	2.2	1.6	46	4.4	2.5	0.50, 0.4832	3.01, 0.0857	6.70, 0.0111[c]	11.77, 0.0009[c]
BETTER PROVIDER OF INFORMATION[6]	1,407	7.8	7.7	760	8.8	9.2	109	13.0	12.6	11.76, 0.0009[c]	5.31, 0.0233[c]	26.47, 0.0000[c]	15.63, 0.0001[c]
USED PROXY	1,098	4.8	5.0	593	5.4	5.8	85	8.1	7.5	6.48, 0.0124[c]	2.65, 0.1066	18.65, 0.0000[c]	11.16, 0.0012[c]

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.
[6] Respondents with unknown data were excluded.
[7] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Among respondents aged 12 or older, ***Table 4.7a*** provides comparisons of the geographic, demographic, and household estimates between the DR data and the 2012 or 2013 comparison data:

- For both region and county type, the only significant differences observed between the DR data and the 2012 and 2013 comparison data involved unweighted estimates. No significant differences were observed among the weighted estimates for these two variables. These results indicate that the weights applied to the DR data and the 2012 and 2013 comparison data (see ***Section 3.5***) produced similar distributions for geographic region and county type.
- The estimated weighted proportion of having less than a high school education as the highest level of education was higher in the DR data (16.4 percent) than in the 2012 (14.6 percent) and 2013 (13.0 percent) comparison data.[11] The difference between the 2012 and 2013 comparison data for having less than a high school education was also statistically significant. In addition, the estimated weighted proportion of having some college as the highest level of education appeared to be higher in the DR data (31.8 percent) than in the 2012 (26.6 percent) and 2013 (27.1 percent) comparison data. The estimated weighted proportion of having a college degree was lower in the DR data (23.1 percent) than in the 2012 (29.2 percent) and the 2013 (29.8 percent) comparison data.
- No significant differences were observed between the weighted estimates for being currently employed in the DR sample (62.6 percent) versus the 2012 (64.0 percent) and 2013 (65.1 percent) comparison samples. In addition, no significant differences were observed between the weighted estimates for employment categories in the DR data versus the 2012 and 2013 comparison data.
- No significant differences were observed between the weighted estimates for overall health status (excellent, good, fair, or poor) in the DR sample versus the 2012 and 2013 comparison samples. In addition, no significant differences were observed between the weighted estimates for being covered by any type of health insurance in the DR sample (83.2 percent) versus the 2012 (84.8 percent) and 2013 (85.5 percent) comparison samples.
- The estimated weighted proportion of family income of less than $20,000 was higher in the DR data (28.0 percent) than in the 2012 (18.8 percent) and 2013 (18.6 percent) comparison data. The estimated proportion of family income greater than $75,000 was lower in the DR data (23.8 percent) than in the 2012 (32.6 percent) and 2013 (32.8 percent) comparison data.
- The estimated weighted proportion for participating in government programs was significantly higher in the DR data (24.7 percent) than in the 2012 comparison data (21.1 percent) and the 2013 comparison data (21.2 percent).
- Receipt of income from government programs was higher in the DR data than in both comparison datasets for one source—food stamps. The estimated weighted proportion

[11] ***Table 4.7b*** does not include estimates for education level because these data are not produced for respondents aged 12 to 17.

receiving food stamps was significantly higher in the DR data (19.9 percent) than in the 2012 (16.4 percent) and the 2013 (16.3 percent) comparison data.

- Identification and use of a proxy reporter for the health insurance and income items was higher in the DR data than in the 2012 comparison data, but not significantly different from the 2013 data. The weighted proportion indicating there was a better provider of information on health insurance and income was significantly higher for the DR data (24.5 percent) than the 2012 comparison data (19.1 percent)), but not the 2013 comparison data (21.2 percent). Actual use of a proxy respondent for the health insurance and income items was also significantly higher for the DR data (16.4 percent) than the 2012 comparison data (13.8 percent. Although the proportion for use of a proxy in the DR data was also higher than for the 2013 comparison data (14.9 percent), this difference was not statistically significant. Differences in the weighted estimates for identification and use of a proxy reporter between the 2012 and 2013 comparison data were statistically significant, with the 2013 estimates for both items being higher than the 2012 estimates.

Tables 4.7b through ***4.7d*** provide the same geographic, demographic and household estimates for the DR dataset and the 2012 and 2013 comparison datasets for three specific age groups: 12 to 17, 18 to 25, and 26 or older. Many of the significant differences in these estimates between the DR data and the 2012 and 2013 comparison data for all of respondents aged 12 or older were also observed across these three specific age groups, with the following exceptions:

- The estimated proportions for the four-category education variable did not differ significantly between the DR data and the 2012 and 2013 comparison data for the 18 to 25 age group (***Table 4.7c***). Given that differences in the distribution of the four education categories were significant between the DR data and both the 2012 and 2013 comparison data for all respondents, this difference can be attributed to significant differences in the 26 or older age group.
- The significant differences between the DR data and the 2012 and 2013 comparison data for receipt of food stamps among all respondents were not observed for the 12 to 17 year old age group (***Table 4.7b***) or the 18 to 25 year old age group (***Table 4.7c***). Given that the difference in the receipt of food stamps was significant between the DR data and both the 2012 and 2013 comparison data for all respondents, this difference can be attributed to significant differences in the 26 or older age group
- Identification and use of a proxy reporter for the health insurance and income items was not significantly higher in the DR data than in the 2012 comparison data for the 12 to 17 year old age group (***Table 4.7b***) or the 18 to 25 year old age group (***Table 4.7c***). As with all respondents aged 12 or older, however, identification of a better reporter for the health insurance and income items was significantly higher in the DR data than in the 2012 and 2013 comparison data for the 26 or older age group. Use of a proxy reporter also appeared to be higher in the DR data than in the 2012 and 2013 comparison data for the 26 or older age group, but only the higher proportion in the DR data compared with the 2012 data was statistically significant. As with the estimates for all respondents aged 12 or older, differences in the weighted estimates for identification and use of a proxy reporter between the 2012 and 2013

comparison data were statistically significant for the 26 or older age group. For both items, the 2013 estimates were higher than the 2012 estimates.

Although most of the same differences in estimates for demographic and household items between the combined QFT-DR data and the 2012 or 2013 comparison data were observed across age groups, variation in the degree and significance of differences was observed for some of these items for specific age groups.

4.2.4 Geographic, Demographic, and Household Characteristics for the Combined QFT-DR Sample and Comparison Samples

To assess the representativeness of the combined QFT-DR sample relative to the 2012 and 2013 comparison datasets, estimates for the same set of geographic, demographic, and household items included in ***Tables 4.7a*** through ***4.7d*** are presented in ***Tables 4.8a*** through ***4.8d***. These tables present both weighted and unweighted estimates across four age groups for English-language non-Hispanic interviews for the combined QFT-DR dataset and the 2012 and 2013 quarters 3 and 4 comparison datasets.[12] To assess the significance of any differences, the tables also provide chi-square statistics and *p* values for both weighted and unweighted comparisons.

Based on data from all respondents aged 12 or older, ***Table 4.8a*** presents comparisons of the geographic, demographic, and household estimates between the combined QFT-DR data and the 2012 and 2013 comparison data:

- For both region and county type, the only significant differences observed between the combined QFT-DR data and the 2012 and 2013 comparison data involved unweighted estimates. No significant differences were observed among the weighted estimates for these two variables.
- The estimated weighted proportion of having some college as the highest level of education was higher in the combined QFT-DR data (32.3 percent) than in the 2012 (26.9 percent) and 2013 (28.0) comparison data.[13] In addition, the estimated weighted proportion of having less than a high school education appeared to be slightly higher in the combined QFT-DR data and the estimated weighted proportion of having a college degree appeared to be slightly lower in the combined QFT-DR data, in relation to these same estimates for the 2012 and 2013 comparison data sets. The weighted estimates for the four-category education variable also differed significantly between the 2012 and 2013 comparison data. The two categories with the greatest difference appeared to be less than a high school education, where the 2012 estimate was 11.5 percent and the 2013 estimate was 9.9 percent, and some college, where the 2012 estimate was 26.9 percent and the 2013 estimate was 28.0 percent.

[12] ***Table 4.8b*** does not include employment estimates because these data are not collected for all respondents aged 12 to 17.

[13] ***Table 4.8b*** does not include estimates for education level because these data are not produced for respondents aged 12 to 17.

Table 4.8a Demographic and Geographic Characteristics among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 55,232)[1,2]			2013 Comparison (n = 26,617)[1,3]			Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										1.75, 0.1572	1.26, 0.2884	13.23, 0.0000[c]	14.12, 0.0000[c]
Northeast	11,814	21.4	19.0	5,830	21.9	19.2	553	18.4	20.4				
Midwest	17,437	31.6	24.0	8,346	31.4	24.3	709	23.5	26.9				
South	17,085	30.9	37.5	8,351	31.4	37.5	1,027	34.1	35.2				
West	8,896	16.1	19.6	4,090	15.4	19.0	723	24.0	17.5				
COUNTY TYPE										1.30, 0.2745	0.83, 0.4373	7.26, 0.0009[c]	5.60, 0.0043[c]
Large Metro	23,681	42.9	52.6	11,615	43.6	51.4	1,582	52.5	49.0				
Small Metro	19,744	35.7	31.2	9,410	35.4	32.3	891	29.6	31.0				
Nonmetro	11,807	21.4	16.1	5,592	21.0	16.3	539	17.9	20.0				
EDUCATION[5]										8.77, 0.0000[c]	8.51, 0.0000[c]	8.36, 0.0000[c]	8.12, 0.0000[c]
< High School	4,639	12.3	11.5	1,928	10.7	9.9	270	11.7	12.3				
High School Graduate	12,010	31.9	29.7	5,861	32.5	30.0	633	27.5	27.3				
Some College	11,483	30.5	26.9	5,745	31.9	28.0	803	34.8	32.3				
College Graduate	9,527	25.3	31.9	4,473	24.8	32.1	599	26.0	28.1				
CURRENTLY EMPLOYED[5]	25,682	68.2	63.6	12,431	69.0	64.4	1,545	67.0	63.6	0.00, 0.9759	0.26, 0.6133	1.02, 0.3144	2.99, 0.0851
EMPLOYMENT[5]										0.02, 0.9965	2.30, 0.0788	3.55, 0.0154[c]	3.27, 0.0221[c]
Full-Time	18,350	48.7	49.5	8,956	49.7	50.3	1,162	50.4	49.4				
Part-Time	7,332	19.5	14.1	3,475	19.3	14.2	383	16.6	14.2				
Unemployed	3,048	8.1	5.6	1,332	7.4	4.3	177	7.7	5.7				
Other[6]	8,929	23.7	30.8	4,244	23.6	31.2	583	25.3	30.7				
OVERALL HEALTH[7]										1.82, 0.1441	1.59, 0.1921	6.54, 0.0003[c]	6.53, 0.0003[c]
Excellent	15,521	28.1	23.2	7,408	27.8	23.0	765	25.4	20.8				
Very Good	22,939	41.5	38.3	11,032	41.5	38.2	1,220	40.5	39.3				
Good	12,687	23.0	26.4	6,264	23.5	27.1	750	24.9	27.2				
Fair/Poor	4,082	7.4	12.1	1,907	7.2	11.7	277	9.2	12.7				
COVERED BY ANY HEALTH INSURANCE	48,270	87.4	87.7	23,341	87.7	88.5	2,570	85.3	86.8	0.86, 0.3558	3.43, 0.0655	8.66, 0.0036[c]	11.85, 0.0007[c]

See notes at end of table.

(continued)

Table 4.8a Demographic and Geographic Characteristics among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (*n* = 55,232)[1,2]			2013 Comparison (*n* = 26,617)[1,3]			Combined 2012 QFT and 2013 DR (*n* = 3,012)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
FAMILY INCOME										8.19, 0.0000[c]	9.74, 0.0000[c]	3.53, 0.0158[c]	4.46, 0.0047[c]
< $20,000	12,464	22.6	17.5	5,810	21.8	17.3	792	26.3	23.1				
$20,000-$49,999	16,797	30.4	30.6	8,090	30.4	29.8	915	30.4	31.9				
$50,000-$74,999	9,109	16.5	17.0	4,323	16.2	17.5	434	14.4	16.0				
≥ $75,000	16,862	30.5	34.9	8,394	31.5	35.4	871	28.9	29.1				
PARTICIPATED IN GOVERNMENT PROGRAM[8]	13,134	23.8	19.5	6,537	24.6	19.4	816	27.1	23.4	11.59, 0.0008[c]	10.74, 0.0012[c]	6.69, 0.0104[c]	3.51, 0.0624
RECEIVED INCOME													
Social Security	8,690	15.7	28.7	4,400	16.5	28.7	540	17.9	26.6	1.72, 0.1906	1.64, 0.2015	6.49, 0.0116[c]	2.30, 0.1306
Supplemental Security Income	4,016	7.3	7.3	2,123	8.0	7.6	261	8.7	8.7	3.93, 0.0487[c]	1.87, 0.1732	5.30, 0.0223[c]	1.17, 0.2809
Food Stamps	10,731	19.4	14.9	5,322	20.0	14.5	634	21.0	17.6	5.83, 0.0166[c]	8.04, 0.0050[c]	1.63, 0.2036	0.63, 0.4271
Welfare Payments	1,977	3.6	2.3	818	3.1	1.7	138	4.6	3.2	5.61, 0.0188[c]	20.95, 0.0000[c]	4.75, 0.0304[c]	12.12, 0.0006[c]
BETTER PROVIDER OF INFORMATION[7]	20,282	43.7	18.7	10,277	45.7	20.7	927	37.5	22.1	9.19, 0.0028[c]	1.69, 0.1945	30.53, 0.0000[c]	53.44, 0.0000[c]
USED PROXY	18,578	33.6	13.2	9,381	35.2	14.3	829	27.5	14.9	4.28, 0.0399[c]	0.48, 0.4884	32.84, 0.0000[c]	51.07, 0.0000[c]

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; *n* = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

[5] Education and employment estimates are based only on respondents aged 18 or older. Sample sizes for respondents 18 or older are *n* = 37,659 for 2012 comparison, *n* = 18,007 for 2013 comparison, and *n* = 2,305 for combined 2012 QFT and 2013 DR.

[6] The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

[7] Respondents with unknown data were excluded.

[8] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.8b Demographic and Geographic Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 17,573)[1,2]			2013 Comparison (n = 8,610)[1,3]			Combined 2012 QFT and 2013 DR (n = 707)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										0.21, 0.8917	0.18, 0.9117	11.81, 0.0000[c]	13.60, 0.0000[c]
Northeast	3,650	20.8	18.4	1,930	22.4	19.4	109	15.4	17.8				
Midwest	5,697	32.4	25.3	2,694	31.3	25.7	160	22.6	28.0				
South	5,514	31.4	38.3	2,698	31.3	37.5	264	37.3	37.6				
West	2,712	15.4	18.1	1,288	15.0	17.3	174	24.6	16.6				
COUNTY TYPE										1.44, 0.2388	1.38, 0.2533	2.35, 0.0980	1.49, 0.2280
Large Metro	7,540	42.9	53.1	3,828	44.5	52.8	346	48.9	45.4				
Small Metro	6,189	35.2	31.1	2,932	34.1	31.3	239	33.8	37.4				
Nonmetro	3,844	21.9	15.8	1,850	21.5	15.9	122	17.3	17.2				
OVERALL HEALTH[5]										1.94, 0.1242	1.73, 0.1618	2.40, 0.0690	2.57, 0.0551
Excellent	6,046	34.4	35.8	2,931	34.0	34.0	233	33.0	32.6				
Very Good	7,610	43.3	42.2	3,738	43.4	43.8	308	43.6	44.2				
Good	3,324	18.9	18.8	1,656	19.2	18.9	129	18.2	18.1				
Fair/Poor	593	3.4	3.2	285	3.3	3.2	37	5.2	5.1				
COVERED BY ANY HEALTH INSURANCE	16,762	95.4	94.9	8,223	95.5	95.0	670	94.8	95.4	0.20, 0.6579	0.15, 0.7035	0.62, 0.4317	0.93, 0.3349
FAMILY INCOME										7.26, 0.0001[c]	6.32, 0.0004[c]	8.54, 0.0000[c]	8.55, 0.0000[c]
< $20,000	2,837	16.1	15.6	1,380	16.0	15.9	167	23.6	23.0				
$20,000-$49,999	4,925	28.0	26.5	2,451	28.5	27.4	211	29.8	31.2				
$50,000-$74,999	3,128	17.8	17.4	1,520	17.7	17.0	96	13.6	13.1				
≥ $75,000	6,683	38.0	40.5	3,259	37.9	39.6	233	33.0	32.7				

See notes at end of table.

(continued)

Table 4.8b Demographic and Geographic Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (n = 17,573)[1,2]			2013 Comparison (n = 8,610)[1,3]			Combined 2012 QFT and 2013 DR (n = 707)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
PARTICIPATED IN GOVERNMENT PROGRAM[6]	4,538	25.8	24.9	2,334	27.1	26.1	209	29.6	29.5	2.79, 0.0963	1.37, 0.2432	3.05, 0.0822	1.20, 0.2744
RECEIVED INCOME													
Social Security	2,139	12.2	12.3	1,093	12.7	11.7	92	13.0	12.5	0.02, 0.8865	0.22, 0.6433	0.33, 0.5645	0.04, 0.8348
Supplemental Security Income	1,460	8.3	8.1	767	8.9	8.2	65	9.2	9.6	0.97, 0.3253	0.69, 0.4062	0.58, 0.4483	0.05, 0.8174
Food Stamps	3,706	21.1	20.3	1,920	22.3	21.6	176	24.9	25.2	3.74, 0.0544	1.80, 0.1814	3.33, 0.0693	1.42, 0.2353
Welfare Payments	714	4.1	3.8	331	3.8	3.4	40	5.7	5.2	1.81, 0.1804	3.77, 0.0537	3.89, 0.0501	5.50, 0.0200[c]
BETTER PROVIDER OF INFORMATION[5]	15,906	90.9	90.2	7,874	91.9	91.6	647	92.4	92.0	1.55, 0.2149	0.08, 0.7829	1.71, 0.1925	0.26, 0.6119
USED PROXY	15,208	86.5	85.8	7,521	87.4	87.4	618	87.4	87.2	0.64, 0.4256	0.00, 0.9466	0.37, 0.5428	0.00, 0.9670

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; *n* = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Respondents with unknown data were excluded.
[6] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.8c Demographic and Geographic Characteristics among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 18,029)[1,2]			2013 Comparison (n = 8,532)[1,3]			Combined 2012 QFT and 2013 DR (n = 702)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										1.63, 0.1829	1.22, 0.3038	3.89, 0.0099[c]	4.66, 0.0036[c]
Northeast	3,978	22.1	18.8	1,811	21.2	18.9	147	20.9	25.1				
Midwest	5,623	31.2	24.6	2,756	32.3	25.2	175	24.9	25.1				
South	5,634	31.2	37.7	2,700	31.6	38.5	220	31.3	34.5				
West	2,794	15.5	18.9	1,265	14.8	17.4	160	22.8	15.2				
COUNTY TYPE										0.34, 0.7103	0.21, 0.8086	5.41, 0.0052[c]	4.46, 0.0127[c]
Large Metro	7,664	42.5	52.8	3,668	43.0	50.5	371	52.8	49.8				
Small Metro	6,721	37.3	32.9	3,160	37.0	34.2	223	31.8	36.1				
Nonmetro	3,644	20.2	14.3	1,704	20.0	15.2	108	15.4	14.1				
EDUCATION										0.59, 0.6245	0.99, 0.3967	1.94, 0.1239	1.13, 0.3365
< High School	2,525	14.0	13.9	1,006	11.8	11.4	89	12.7	13.3				
High School Graduate	6,233	34.6	32.9	3,107	36.4	35.4	242	34.5	33.5				
Some College	6,311	35.0	36.3	3,118	36.5	36.9	279	39.7	39.1				
College Graduate	2,960	16.4	16.9	1,301	15.2	16.3	92	13.1	14.1				
CURRENTLY EMPLOYED	12,161	67.5	66.5	5,853	68.6	67.0	455	64.8	66.7	0.00, 0.9497	0.02, 0.8983	1.84, 0.1765	3.81, 0.0523
EMPLOYMENT										0.48, 0.6960	0.36, 0.7803	1.19, 0.3163	1.80, 0.1482
Full-Time	7,221	40.1	38.5	3,572	41.9	40.2	276	39.3	40.8				
Part-Time	4,940	27.4	28.0	2,281	26.7	26.8	179	25.5	25.9				
Unemployed	2,075	11.5	11.9	952	11.2	11.2	96	13.7	12.5				
Other[5]	3,793	21.0	21.5	1,727	20.2	21.8	151	21.5	20.8				
OVERALL HEALTH[6]										0.65, 0.5842	0.38, 0.7701	0.94, 0.4219	0.99, 0.3982
Excellent	5,196	28.8	30.4	2,415	28.3	28.4	202	28.8	28.2				
Very Good	7,840	43.5	42.5	3,719	43.6	44.2	290	41.3	43.1				
Good	4,042	22.4	22.0	1,933	22.7	22.3	175	24.9	23.9				
Fair/Poor	951	5.3	5.1	464	5.4	5.2	35	5.0	4.8				
COVERED BY ANY HEALTH INSURANCE	14,626	81.1	81.1	6,904	80.9	80.9	552	78.6	80.2	0.22, 0.6366	0.11, 0.7440	2.65, 0.1052	2.07, 0.1515

See notes at end of table.

(continued)

Table 4.8c Demographic and Geographic Characteristics among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (*n* = 18,029)[1,2]			2013 Comparison (*n* = 8,532)[1,3]			Combined 2012 QFT and 2013 DR (*n* = 702)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
FAMILY INCOME										4.42, 0.0049[c]	3.33, 0.0205[c]	3.89, 0.0099[c]	4.93, 0.0025[c]
< $20,000	6,526	36.2	33.7	3,014	35.3	35.1	317	45.2	43.4				
$20,000-$49,999	5,700	31.6	30.6	2,697	31.6	30.9	189	26.9	28.8				
$50,000-$74,999	2,344	13.0	13.5	1,083	12.7	12.4	82	11.7	11.8				
≥ $75,000	3,459	19.2	22.1	1,738	20.4	21.6	114	16.2	16.0				
PARTICIPATED IN GOVERNMENT PROGRAM[7]	4,617	25.6	24.0	2,260	26.5	24.9	231	32.9	29.9	6.66, 0.0106[c]	4.34, 0.0385[c]	11.95, 0.0007[c]	8.24, 0.0045[c]
RECEIVED INCOME													
Social Security	1,685	9.3	10.0	869	10.2	9.6	63	9.0	9.0	0.55, 0.4606	0.21, 0.6464	0.11, 0.7449	0.99, 0.3211
Supplemental Security Income	1,102	6.1	6.1	604	7.1	6.4	63	9.0	9.0	4.98, 0.0267[c]	3.63, 0.0583	6.85, 0.0095[c]	2.50, 0.1154
Food Stamps	3,895	21.6	20.0	1,904	22.3	20.8	174	24.8	22.0	0.85, 0.3578	0.27, 0.6014	2.23, 0.1373	1.25, 0.2649
Welfare Payments	792	4.4	4.1	304	3.6	3.0	43	6.1	5.3	1.77, 0.1848	8.11, 0.0048[c]	3.44, 0.0652	8.76, 0.0034[c]
BETTER PROVIDER OF INFORMATION[6]	3,175	23.7	24.6	1,765	27.2	28.1	142	27.2	29.4	3.33, 0.0696	0.22, 0.6381	3.07, 0.0815	0.00, 0.9958
USED PROXY	2,440	13.5	14.3	1,357	15.9	16.3	102	14.5	15.4	0.47, 0.4938	0.21, 0.6496	0.52, 0.4725	0.83, 0.3636

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; *n* = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.
[6] Respondents with unknown data were excluded.
[7] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.8d Demographic and Geographic Characteristics among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Characteristic	2012 Comparison (n = 19,630)[1,2]			2013 Comparison (n = 9,475)[1,3]			Combined 2012 QFT and 2013 DR (n = 1,603)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
REGION										1.40, 0.2441	1.10, 0.3511	9.17, 0.0000[c]	9.33, 0.0000[c]
Northeast	4,186	21.3	19.0	2,089	22.0	19.2	297	18.5	19.9				
Midwest	6,117	31.2	23.8	2,896	30.6	24.0	374	23.3	27.0				
South	5,937	30.2	37.3	2,953	31.2	37.3	543	33.9	35.1				
West	3,390	17.3	19.8	1,537	16.2	19.5	389	24.3	18.0				
COUNTY TYPE										1.39, 0.2516	1.06, 0.3476	7.22, 0.0009[c]	6.36, 0.0021[c]
Large Metro	8,477	43.2	52.5	4,119	43.5	51.3	865	54.0	49.3				
Small Metro	6,834	34.8	31.0	3,318	35.0	32.1	429	26.8	29.5				
Nonmetro	4,319	22.0	16.5	2,038	21.5	16.5	309	19.3	21.2				
EDUCATION										7.15, 0.0001[c]	6.64, 0.0003[c]	12.25, 0.0000[c]	9.29, 0.0000[c]
< High School	2,114	10.8	11.1	922	9.7	9.6	181	11.3	12.2				
High School Graduate	5,777	29.4	29.2	2,754	29.1	29.1	391	24.4	26.3				
Some College	5,172	26.3	25.4	2,627	27.7	26.6	524	32.7	31.2				
College Graduate	6,567	33.5	34.3	3,172	33.5	34.7	507	31.6	30.3				
CURRENTLY EMPLOYED	13,521	68.9	63.1	6,578	69.4	64.0	1,090	68.0	63.1	0.00, 0.9856	0.25, 0.6183	0.39, 0.5335	1.02, 0.3142
EMPLOYMENT										0.06, 0.9788	1.96, 0.1205	0.35, 0.7925	1.37, 0.2546
Full-Time	11,129	56.7	51.2	5,384	56.8	51.9	886	55.3	50.8				
Part-Time	2,392	12.2	11.9	1,194	12.6	12.2	204	12.7	12.4				
Unemployed	973	5.0	4.6	380	4.0	3.3	81	5.1	4.6				
Other[5]	5,136	26.2	32.3	2,517	26.6	32.7	432	26.9	32.2				
OVERALL HEALTH[6]										1.10, 0.3506	1.50, 0.2154	0.41, 0.7479	0.64, 0.5913
Excellent	4,279	21.8	20.7	2,062	21.8	20.9	330	20.6	18.3				
Very Good	7,489	38.2	37.2	3,575	37.8	36.6	622	38.8	38.2				
Good	5,321	27.1	28.0	2,675	28.2	28.8	446	27.8	28.7				
Fair/Poor	2,538	12.9	14.2	1,158	12.2	13.7	205	12.8	14.8				
COVERED BY ANY HEALTH INSURANCE	16,882	86.0	87.9	8,214	86.7	89.0	1,348	84.1	86.8	0.90, 0.3430	3.90, 0.0497[c]	3.50, 0.0627	6.56, 0.0112[c]

See notes at end of table.

(continued)

Table 4.8d Demographic and Geographic Characteristics among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic, and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Characteristic	2012 Comparison (*n* = 19,630)[1,2]			2013 Comparison (*n* = 9,475)[1,3]			Combined 2012 QFT and 2013 DR (*n* = 1,603)[1,4]			2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Wtd	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value Unwtd
	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent	Unwtd *n*	Unwtd Percent	Wtd Percent				
FAMILY INCOME										5.14, 0.0019[c]	7.08, 0.0002[c]	3.70, 0.0126[c]	4.99, 0.0023[c]
< $20,000	3,101	15.8	15.2	1,416	14.9	14.6	308	19.2	19.8				
$20,000-$49,999	6,172	31.4	31.1	2,942	31.1	29.9	515	32.1	32.4				
$50,000-$74,999	3,637	18.5	17.5	1,720	18.2	18.4	256	16.0	17.0				
≥ $75,000	6,720	34.2	36.3	3,397	35.9	37.1	524	32.7	30.7				
PARTICIPATED IN GOVERNMENT PROGRAM[7]	3,979	20.3	18.1	1,943	20.5	17.8	376	23.5	21.7	8.21, 0.0046[c]	9.42, 0.0024[c]	5.90, 0.0160[c]	5.00, 0.0265[c]
RECEIVED INCOME													
Social Security	4,866	24.8	33.5	2,438	25.7	33.6	385	24.0	31.0	1.84, 0.1766	1.93, 0.1665	0.33, 0.5642	1.46, 0.2277
Supplemental Security Income	1,454	7.4	7.4	752	7.9	7.8	133	8.3	8.6	2.02, 0.1569	0.78, 0.3793	1.42, 0.2355	0.21, 0.6490
Food Stamps	3,130	15.9	13.5	1,498	15.8	12.7	284	17.7	16.0	4.83, 0.0292[c]	9.21, 0.0027[c]	2.06, 0.1526	2.48, 0.1170
Welfare Payments	471	2.4	1.9	183	1.9	1.3	55	3.4	2.6	3.44, 0.0651	14.75, 0.0002[c]	5.26, 0.0228[c]	13.09, 0.0004[c]
BETTER PROVIDER OF INFORMATION[6]	1,201	7.7	7.7	638	8.6	9.2	138	11.0	10.9	10.31, 0.0015[c]	2.49, 0.1161	15.78, 0.0001[c]	7.57, 0.0065[c]
USED PROXY	930	4.7	4.8	503	5.3	5.8	109	6.8	6.6	7.06, 0.0085[c]	1.29, 0.2582	13.80, 0.0003[c]	5.76, 0.0173[c]

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; *n* = number; QFT = Questionnaire Field Test; Unwtd = unweighted; Wtd = weighted.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] The Other Employment category includes students, persons keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.
[6] Respondents with unknown data were excluded.
[7] Government Assistance is defined as one or more household family members having received Supplemental Security Income (SSI), cash assistance (Temporary Assistance for Needy Families, TANF), noncash assistance, or food stamps.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

- No significant differences were observed between the weighted estimates for being currently employed in the combined QFT-DR sample (63.6 percent) versus the 2012 (63.6 percent) and 2013 (64.4 percent) comparison samples. In addition, no significant differences were observed between the weighted estimates for employment categories in the combined QFT-DR data versus the 2012 and 2013 comparison data.
- No significant differences were observed between the weighted estimates for overall health status (excellent, good, fair, or poor) in the combined QFT-DR sample versus the 2012 and 2013 comparison samples. In addition, no significant differences were observed between the weighted estimates for being covered by any type of health insurance in the combined QFT-DR sample (86.8 percent) versus the 2012 (87.7 percent) and 2013 (88.5 percent) comparison samples.
- The estimated weighted proportion of family income of less than $20,000 was higher in both the combined QFT-DR data (23.1 percent) than in the 2012 (17.5 percent) and 2013 (17.3 percent) comparison data. The estimated weighted proportion of family income greater than $75,000 was lower in the combined QFT-DR data (29.1 percent) than in both the 2012 (34.9 percent) and 2013 (35.4 percent) comparison data.
- The estimated weighted proportion participating in government programs was significantly higher in the combined QFT-DR data (23.4 percent) than in the 2012 comparison data (19.5 percent) and the 2013 comparison data (19.4 percent).
- Receipt of income from government programs was higher in the combined QFT-DR data than in both comparison datasets for two sources—food stamps and welfare payments. The estimated weighted proportion receiving food stamps was significantly higher in the combined QFT-DR data (17.6 percent) than in the 2012 comparison data (14.9 percent) and the 2013 comparison data (14.5 percent). The estimated weighted proportion receiving welfare payments was significantly higher in the combined QFT-DR data (3.2 percent) than in the 2012 comparison data (2.3 percent) and the 2013 comparison data (1.7 percent). The difference between the 2012 and 2013 comparison data in the weighted estimates for receipt of welfare payments was also statistically significant.
- In addition, the weighted estimate for receipt of Supplemental Security Income (SSI) was significantly higher in the combined QFT-DR data (8.7 percent) than in the 2012 comparison data (7.3 percent). The difference between the combined QFT-DR weighted estimate and the 2013 comparison weighted estimate (7.6 percent) was not statistically significant.
- Identification and use of a proxy reporter for the health insurance and income items were higher in the combined QFT-DR data than in the 2012 comparison data, but the differences for these two weighted items between the combined QFT-DR data and the 2013 comparison data were not statistically significant. The weighted proportion indicating there was a better provider of information on health insurance and income was significantly higher for the combined QFT-DR data (22.1 percent) than for the 2012 comparison data (18.7 percent), but not significantly higher than for the 2013 comparison data (20.7 percent). The difference between the 2012 and 2013 comparison data in the weighted estimates for a better provider of information on

health insurance and income was also statistically significant. Actual use of a proxy respondent for the health insurance and income items (weighted) was significantly higher for the combined QFT-DR data (14.9 percent) than for the 2012 comparison data (13.2 percent). Although the weighted proportion for the use of a proxy in the combined QFT-DR data was also slightly higher than for the 2013 comparison data (14.3 percent), this difference was not statistically significant. The difference between the 2012 and 2013 comparison data in the weighted estimates for the use of a proxy was statistically significant.

Tables 4.8b through ***4.8d*** provide the same geographic, demographic and household estimates for the combined QFT-DR data and the 2012 and 2013 comparison data for three specific age groups: 12 to 17, 18 to 25, and 26 or older. Many of the significant differences in these estimates between the combined QFT-DR data and the 2012 and 2013 comparison data for all of respondents aged 12 or older were also observed across these three specific age groups, with the following exceptions:

- The estimated proportions for the four-category education variable did not differ significantly between the combined QFT-DR data and the 2012 and 2013 comparison data for the 18 to 25 age group (***Table 4.8c***). Given that differences in the distribution of the four education categories were significant between the combined QFT-DR data and both the 2012 and 2013 comparison data for all respondents, this difference can be attributed to differences in the 26 or older age group.
- Not all observed differences between the combined QFT-DR data and the 2012 and 2013 comparison data for receipt of SSI, food stamps, and welfare payments among all respondents were observed across all age groups. For respondents aged 12 to 17 (***Table 4.8b)***, none of the weighted estimates for these three items differed significantly between the combined QFT-DR data and the 2012 and 2013 comparison data. Only two of these comparisons produced significantly different estimates among respondents aged 18 to 25 (***Table 4.8c***). The weighted estimate for receipt of SSI in the combined QFT-DR data was significantly higher than in the 2012 comparison data (only), and the weighted estimate for receipt of welfare payments in the combined QFT-DR data was significantly higher than in the 2013 comparison data (only). The difference between the 2012 and 2013 comparison data in the weighted estimates for receipt of welfare payments was statistically significant for respondents aged 18 to 25. Among respondents aged 26 or older (***Table 4.8d***), most of the significant differences between the combined QFT-DR data and the 2012 and 2013 comparison data observed for all respondents were significant for this age group, with two exceptions. The difference in weighted estimates for receipt of SSI between the combined QFT-DR data and the 2012 comparison data was not statistically significant. Likewise, the difference in weighted estimates for receipt of welfare payments between the combined QFT-DR data and the 2012 comparison data was not statistically significant. The difference between the 2012 and 2013 comparison data in the weighted estimates for receipt of welfare payments was statistically significant for respondents aged 26 or older.
- Identification and use of a proxy reporter for the health insurance and income items (weighted) was not significantly higher in the combined QFT-DR data than in the

2012 comparison data for the 12 to 17 year old age group (***Table 4.8b***) or for the 18 to 25 year old age group (***Table 4.8c***). As with all respondents aged 12 or older, however, identification of a better reporter for the health insurance and income items and use of a proxy reporter were significantly higher in the combined QFT-DR data than in the 2012 comparison data for the 26 or older age group (***Table 4.8d***). Together, these findings indicate the overall difference for identification and use of a proxy reporter was driven mostly by differences in the 26 or older age group. In addition, for the weighted estimates for both a better provider of information on health insurance and income and use of a proxy reporter, differences between the 2012 and 2013 comparison data in the weighted estimates were statistically significant for respondents aged 26 or older.

Although many of the same differences in estimates for geographic, demographic, and household items between the combined QFT-DR data and the 2012 or 2013 comparison data were also observed across age groups, the degree and significance of these differences varied across specific age groups.

4.3 Imputation Rates for Common 2012 Comparison Data, 2013 Quarters 3 and 4 Comparison Data, and Dress Rehearsal Variables

Another indicator of the quality of the DR data is the proportion of cases for which imputation was required prior to using specific variables for analysis. For the DR data, 2012 comparison data, and 2013 quarters 3 and 4 comparison data, records with missing data were subject to the same imputation procedures. However, when the values of other nonmissing variables could be used to determine the value of the missing variable, the value was "logically assigned" instead of imputed.

Tables 4.9a through ***4.9f*** provide rates of imputation and logical assignment that selected variables underwent in processing the 2012 comparison data, the 2013 quarters 3 and 4 comparison data, and the DR data. (***Section 3.4*** in ***Chapter 3*** describes these imputation procedures.) These tables include the following columns for the variables of interest:

- number of respondents in domain (unweighted),
- number of respondents whose values were imputed or logically assigned, and
- weighted percentage (relative to their domain size) of respondents whose values were imputed or logically assigned.

A "domain" in this context is the set of respondents who received a value other than a skip code for the imputation-revised variable of interest. In other words, a domain is the subset of respondents for whom the variable of interest is relevant or applicable. In ***Table 4.9d***, for example, only among respondents aged 15 or older (the domain) is it relevant to ask about employment status (the variable of interest). Unless otherwise specified, the domain for each variable includes all respondents. For comparing imputation rates, ***Tables 4.9a*** through ***4.9f*** also include an indicator for whether observed differences in imputation rates between either the 2012 or 2013 quarters 3 and 4 comparison data and the imputation rates for the DR data were statistically significant at the 0.05 level.

Table 4.9a Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Recency of Substance Use Variables

	2012 Comparison Data[1]			2013 Comparison Data[1,2]			2013 Dress Rehearsal[1,3]		
Recency Variable	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage
Marijuana	26,388	64	0.2	12,585	28	0.2	831	2	0.2
Cocaine	6,910	42	0.5[a]	3,145	13	0.3	267	0	0.0
Crack	1,591	4	0.2	731	2	0.3	70	0	0.0
Heroin	919	2	0.1	467	1	0.2	32	0	0.0
Hallucinogens	8,471	129	1.0	3,999	51	0.9	316	7	1.6
LSD	4,226	30	0.4	2,068	17	0.6	158	2	1.2
PCP	960	24	1.5	414	7	0.4	38	1	2.8
Ecstasy	4,632	32	0.5[a]	2,221	12	0.4[a]	164	0	0.0
Inhalants	5,467	107	1.3	2,412	41	0.8	225	7	1.0
Cigarettes	33,085	34	0.0	15,398	13	0.1	1,054	1	0.1
Smokeless Tobacco	11,010	30	0.4	5,180	11	0.3	256	2	0.3
Alcohol	46,257	78	0.1[a]	21,889	35	0.1[a]	1,543	0	0.0
Binge Alcohol Use	29,423	805	2.8	13,905	359	2.1	919	23	2.6
Pain Relievers	10,216	224	1.9	4,537	87	1.7	257	4	1.3
OxyContin®[5]	2,221	40	1.1	1,048	19	1.7	N/A	N/A	N/A
OxyContin® Past Year Use[5]	N/A	N/A	N/A	N/A	N/A	N/A	32	6	19.6
Tranquilizers	5,639	40	0.7	2,578	20	0.6	96	2	1.7
Sedatives	1,084	13	0.4	494	6	0.6	48	0	0.0
Core-Plus-Noncore Stimulants	4,714	114	1.9[a]	2,202	38	1.6[a]	169	0	0.0
Core-Plus-Noncore Methamphetamine	2,153	50	2.0[a]	1,005	18	1.8[a]	107	0	0.0
Stimulants Excluding Methamphetamine[5]	N/A	N/A	N/A	N/A	N/A	N/A	83	0	0.0

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

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

[1] Sample does not include Alaska or Hawaii.

[2] Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

[3] DR data collected from September 1 through November 3, 2013.

[4] The domain for all variables except Binge Alcohol Use includes all lifetime users of the drug in question. The domain for Binge Alcohol Use includes all past month users of alcohol.

[5] OxyContin® recency was only available for the 2012 and 2013 comparison files; the DR only asked about past year use. Stimulant misuse excluding methamphetamine was only available on the DR.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9b Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Past Year Initiation of Substance Use Variables

Past Year Initiation Variable	2012 Comparison Data[1]			2013 Comparison Data[1,2]			2013 Dress Rehearsal[1,3]		
	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage
Marijuana	26,388	218	0.4	12,585	136	0.4	831	4	0.3
Cocaine	6,910	35	0.3	3,145	16	0.3	267	1	0.1
Crack	1,591	6	0.3	731	4	0.4	70	0	0.0
Heroin	919	8	0.5[a]	467	8	0.5[a]	32	0	0.0
Hallucinogens	8,471	88	0.5	3,999	41	0.5	316	2	0.6
LSD	4,226	43	0.4	2,068	25	0.8	158	2	1.2
PCP	960	23	1.4	414	7	0.4	38	2	3.1
Ecstasy	4,632	49	0.5	2,221	19	0.4	164	1	0.7
Inhalants	5,467	176	1.7	2,412	75	1.2	225	8	1.2
Pain Relievers	10,216	391	3.3[a]	4,537	161	2.8	257	7	1.4
OxyContin®[5]	2,221	49	1.2	1,048	22	3.1	N/A	N/A	N/A
Tranquilizers	5,639	105	1.4[a]	2,578	50	1.4[a]	96	3	0.3
Sedatives	1,084	23	0.4	494	11	0.8	48	1	0.2
Stimulants	4,320	74	0.8	2,028	46	1.5	169	2	0.8
Methamphetamine	1,652	28	0.8	781	16	1.6	107	1	1.0
Stimulants Excluding Methamphetamine[5]	N/A	N/A	N/A	N/A	N/A	N/A	83	1	0.3

DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine; PY = past year.

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

[1] Sample does not include Alaska or Hawaii.

[2] Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

[3] DR data collected from September 1 through November 3, 2013.

[4] The domain for all variables includes all lifetime users of the drug in question.

[5] OxyContin® initiation was only available for the 2012 and 2013 comparison files. Stimulant misuse excluding methamphetamine was only available on the DR.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9c Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Age at First Use for Past Year Initiates

Age at First Use Variable	2012 Comparison Data[1]			2013 Comparison Data[1,2]			2013 Dress Rehearsal [1,3]		
	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage	Respondents in Domain[4]	Unweighted Frequency	Weighted Percentage
Marijuana	1,853	9	0.4[a]	827	5	0.3	35	0	0.0
Cocaine	417	2	0.7	198	0	0.0	12	0	0.0
Crack	57	0	0.0	21	1	1.9	0	0	0.0
Heroin	90	0	0.0	39	0	0.0	2	0	0.0
Hallucinogens	795	10	1.0[a]	333	3	0.3	18	0	0.0
LSD	319	6	1.8[a]	155	1	0.5	7	0	0.0
PCP	62	3	1.6	7	0	0.0	0	0	0.0
Ecstasy	584	2	0.2	236	3	0.7	10	0	0.0
Inhalants	533	39	5.9[a]	183	11	4.4[a]	13	0	0.0
Pain Relievers	1,184	68	4.2	463	29	4.1	26	5	13.8
OxyContin®[5]	241	3	0.5	93	1	0.4	N/A	N/A	N/A
Tranquilizers	672	17	2.2[a]	274	6	1.4[a]	11	2	45.9
Sedatives	101	6	4.6	27	0	0.0	7	1	1.2
Stimulants	397	8	1.0[a]	162	4	2.0	16	0	0.0
Methamphetamine	81	3	1.7	39	1	1.8	4	0	0.0
Stimulants Excluding Methamphetamine[5]	N/A	N/A	N/A	N/A	N/A	N/A	14	0	0.0

DR = Dress Rehearsal; AFU = age at first use; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.

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

[1] Sample does not include Alaska or Hawaii.

[2] Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

[3] DR data collected from September 1 through November 3, 2013.

[4] The domain for all variables includes past year initiates of the drug in question.

[5] OxyContin® initiation was only available for the 2012 and 2013 comparison files. Stimulant misuse excluding methamphetamine was only available on the DR.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9d Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Selected Demographic and Socioeconomic Variables

Variable (Domain)	2012 Comparison Data[1]			2013 Comparison Data[1,2]			2013 Dress Rehearsal[1,3]		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Detailed Race: 15 Levels	66,542	2,991	4.5	32,162	1,498	4.5	2,087	193	4.9
Hispanic or Latino Origin	66,542	164	0.1[a]	32,162	92	0.1[a]	2,087	3	0.0
Education Level	66,542	9	0.0	32,162	2	0.0	2,087	1	0.0
Marital Status (Age 15+)	55,642	7	0.0[a]	26,783	7	0.0[a]	1,853	11	0.3
Employment Status (Age 15+)	55,642	41	0.1[a]	26,783	15	0.0[a]	1,853	16	0.4
Employment Status (Age 18+)	44,585	36	0.1	21,396	11	0.0[a]	1,582	12	0.3

DR = Dress Rehearsal.

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

[1] Sample does not include Alaska or Hawaii.

[2] Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

[3] DR data collected from September 1 through November 3, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9e Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Health Insurance Variables

Variable (Domain)	2012 Comparison Data[1]			2013 Comparison Data[1,2]			2013 Dress Rehearsal[1,3]		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Respondent Has Health Insurance	66,542	595	0.4	32,162	318	0.4	2,087	29	0.9
Type of Insurance									
Private	66,542	495	0.4	32,162	267	0.4	2,087	24	0.8
Medicare	66,542	253	0.2	32,162	138	0.3	2,087	17	0.4
Military Health Care: CHAMPUS, TRICARE, CHAMPVA, VA	66,542	271	0.2	32,162	166	0.3	2,087	16	0.7
Medicaid/CHIP	66,542	642	0.5	32,162	348	0.6	2,087	26	1.0
Other (Respondents without Private Health Insurance, Medicare, Medicaid/CHIP, or Military Health Care)	11,823	291	1.3	5,552	157	1.2	541	15	2.4

CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Department of Veteran's Affairs; CHIP = Children's Health Insurance Program; DR = Dress Rehearsal; VA = Department of Veteran's Affairs.

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

[1] Sample does not include Alaska or Hawaii.

[2] Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

[3] DR data collected from September 1 through November 3, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.9f Cases Imputed or Logically Assigned for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, and 2013 Dress Rehearsal: Income Variables

Variable (Domain)	2012 Comparison Data[1]			2013 Comparison Data[1,2]			2013 Dress Rehearsal[1,3]		
	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage	Respondents in Domain	Unweighted Frequency	Weighted Percentage
Total Family Income > or < $20,000	66,542	2,904	4.0	32,162	1,461	4.0	2,087	134	4.4
Total Family Income – Finer Categories	66,542	7,880	14.9	32,162	3,937	15.4	2,087	317	13.8
Source of Family Income									
Social Security or Railroad Retirement Payments	66,542	671	0.6	32,162	353	0.6	2,087	33	1.2
Wages[4]	66,542	199	0.2	32,162	99	0.2	N/A	N/A	N/A
Public Assistance	66,542	509	0.4	32,162	271	0.5	2,087	32	0.9
Supplemental Security Income	66,542	903	0.8	32,162	495	1.0	2,087	42	1.4
Food Stamps	66,542	316	0.3	32,162	145	0.3	2,087	26	0.9
Welfare/Job Placement/ Child Care	66,542	388	0.3[a]	32,162	180	0.3[a]	2,087	30	0.8
Number of Months on Welfare (Family Receives Public Assistance or Welfare/Job Placement/ Child Care)	4,687	210	4.0	2,173	110	3.5[a]	182	23	11.0

DR = Dress Rehearsal.

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

[1] Sample does not include Alaska or Hawaii.

[2] Main survey data collected in quarter 3 and quarter 4, 2013, through December 2, 2013.

[3] DR data collected from September 1 through November 3, 2013.

[4] Family income from wages was only available for the 2012 and 2013 comparison files.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

As ***Table 4.9a*** shows, the weighted percentages of cases that were either imputed or logically assigned were similar in all three datasets for the recency of substance use variables. The following substances showed a statistically significant difference between the percentage imputed or logically assigned in the DR dataset and the percentage imputed or logically assigned in either the 2012 comparison dataset and/or the 2013 quarters 3 and 4 comparison dataset:

- cocaine recency,
- Ecstasy recency,
- alcohol recency,
- core-plus-noncore (CPN) stimulant recency, and
- CPN methamphetamine recency.

In the pain relievers module of the main survey, respondents are asked about their most recent use of OxyContin®. However, in the DR, respondents are asked whether or not they misused OxyContin® in the past year. Therefore, direct comparisons between the 2012 and 2013 quarters 3 and 4 comparison data and the 2013 DR data were not possible for these measures. However, as in the DR, respondents in the QFT were asked to report whether or not they misused OxyContin® in the past year, so a direct comparison between the rates of imputation or logical assignment can be made between the DR and the QFT. The weighted percentage of imputed or logically assigned cases for past year misuse of OxyContin® in the QFT was 36.7 percent compared with 19.6 percent in the DR (see ***Table 4.9a***). Although this difference and the individual rates appear large in comparison with other measures, both the QFT and DR estimates suffered from a small domain size and lack of power. As a result, this difference between the QFT and DR for past year misuse of OxyContin® was not statistically significant at 5 percent. However, in all of these instances, no cases required logical assignment or imputation in the DR data. This fact is likely attributable to the small domain sizes in the DR, and the significance result therefore merely indicates that the estimate from the comparison dataset is different from zero.

In ***Table 4.9b***, the weighted percentage of cases that required either imputation or logical assignment for past year initiation status was similar across all three datasets. For pain relievers and tranquilizers, the weighted percentage of cases imputed or logically assigned was significantly lower in the DR compared with the 2012 comparison data and/or the 2013 quarters 3 and 4 data. Statistically significant differences between the DR data and the comparison datasets were also observed for heroin, although there were no cases in the DR data requiring imputation or logical assignment.

As shown in ***Table 4.9c***, the majority of the age at first use variables in the DR data required no logical assignment or imputation. This occurrence is likely due to the very small domains resulting from only defining the age at first use variables for past year initiates. The very large weighted percentage of cases requiring imputation or logical assignment for the pain relievers (13.8 percent) age at first use variables and the tranquilizers (45.9 percent) age at first use variables in the DR data are an artifact of both small domain sizes and high variability in the person-level weights in the DR.

The weighted percentages of cases that were either imputed or logically assigned in all three datasets were low for most of the demographic variables presented in ***Table 4.9d***. These rates were generally similar across all three datasets and for all but one variable were below 0.5 percent. The weighted percentages of imputed or logically assigned cases for the detailed race variable ranged between 4.5 and 4.9 percent across the three datasets.

In ***Table 4.9e,*** the weighted percentages of cases for the health insurance variables that were either imputed or logically assigned in all three datasets were similar, and no statistically significant differences were observed between the DR dataset and either the 2012 comparison data or the 2013 quarters 3 and 4 data. Although no statistically significant differences were observed, the weighted percentages of the imputed or logically assigned cases were higher for all of these variables in the DR data than in the 2012 comparison data and the 2013 quarters 3 and 4 data. The health insurance questions were among the set of items moved from CAPI to ACASI in the DR instrument, so the higher imputation rates observed could have resulted from DR respondents being more likely to not answer this question. This outcome could also provide an explanation for other questionnaire items moved from CAPI to ACASI in the DR instrument. (See ***Section 4.4*** for the complete results and a discussion of item missingness rates in the DR data and the 2012 and 2013 quarters 3 and 4 comparison data.)

Weighted percentages for cases that were either imputed or logically assigned in all three datasets for the income variables are shown in ***Table 4.9f***. Not surprisingly, the weighted percentages for some of the income variables were relatively high, such as the total family income's finer categories and the number of months on welfare. For all three datasets, the rates for the total family income's finer categories were similar, and all were greater than 13.8 percent. This DR percentage was similar to the one in the QFT where 14.1 percent of cases were imputed or logically assigned for the total family income's finer categories variable. For the number of months on welfare variable and the indicator of whether the family received welfare, job placement, or child care services, the percentage of cases requiring imputation or logical assignment was significantly higher in the DR data. Similar results for this set of variables were also observed in the QFT where 6.8 percent of cases were imputed or logically assigned for the indicator of whether or not the family received welfare, job placement, or child services and 9.3 percent of cases were imputed or logically assigned for the number of months on welfare variable. The differences observed between the QFT and the DR were not statistically significant for any of the income variables shown in ***Table 4.9f***. The questions about source of income and total family income were among the items moved from CAPI to ACASI in the QFT and DR instruments. For this reason, the differences in imputation rates when compared with the main survey data could be attributed partially to the revised mode of administration. (See ***Section 4.4*** for the complete results and a discussion of item missingness rates in the DR and the 2012 and 2013 quarters 3 and 4 comparison data.)

4.4 Comparisons of Item Missingness Rates for Moved DR Items with 2012 and 2013 Quarters 3 and 4 Comparison Data and Comparisons of Item Missingness Rates for New or Revised DR Items with the QFT

To examine data quality among survey items in the DR questionnaire, this section examines item missingness rates for three types of items in the DR:

- items that were moved from CAPI to ACASI administration in the QFT and DR,
- items that were introduced in the QFT and then revised between the QFT and DR, and
- items that were new to the DR questionnaire.

To consider potential data quality issues for these items in the 2015 NSDUH, this section focuses primarily on DR questions with (1) missingness rates that were significantly higher than the comparison datasets; (2) missingness rates that were not significantly higher than the comparison datasets, but exhibited similar patterns as the significant items; and (3) notably high missingness rates observed in DR that were not observed in the QFT. Given that none of these items had high missingness rates that were not observed in the QFT, this section focuses on highlighting the first two types of items.

Appendix B provides missingness rates for the following sets of DR items and the datasets indicated in the tables' titles:

- ***Table B.1***. Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older;
- ***Table B.2***. Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older;
- ***Table B.3***. Item Missingness Rates for New and Revised Items for English-Language Non-Hispanic Interviews in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among All Persons Aged 12 or Older; and
- ***Table B.4***. Item Missingness Rates for New and Revised Items for Spanish-Language Interviews in the 2013 Dress Rehearsal among All Persons Aged 12 or Older.

All four tables in ***Appendix B*** provide unweighted numbers of cases with missing data and weighted item missingness rates for each data set.

4.4.1 Item Missingness Rates for Items Moved from CAPI to ACASI Administration in English-Language Non-Hispanic Interviews

As ***Table B.1*** indicates, the following DR items moved to ACASI administration showed higher missingness rates in the combined QFT-DR data than the same items in CAPI mode from the comparison datasets, which was consistent with the pattern that was previously observed for these items when comparing just the QFT data with the main study comparison datasets:

- Item QD07 on marital status had a significantly higher item missingness rate in the combined QFT and DR data (0.3 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.1 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.

- Item QD13, which asks about the number of home moves in the past year, had a significantly higher item missingness rate in the combined QFT and DR data (0.8 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Item QD19 on full- or part-time student status had a significantly higher item missingness rate in the combined QFT and DR data (0.8 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.1 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Item QD20 on missing school due to illness or injury and item QD21 on skipping school days both had higher item missingness rates in the combined QFT and DR data (0.7 and 0.6 percent, respectively) than in both the 2012 comparison data (0.2 and 0.3 percent, respectively) or the 2013 quarters 3 and 4 comparison data (0.1 and 0.2 percent, respectively). For both items, however, only the differences between the combined QFT and DR data and the 2012 comparison data were statistically significant. Furthermore, the missingness rates for QD20 and QD21 in the DR were significantly lower than they were in the QFT. The higher missingness rates for these two items shown in ***Table B.1*** can therefore be attributed mainly to the higher rates in the QFT data included in the combined QFT-DR dataset. This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Item QD26, which asks about work at a job or business at any time in the past week, had a significantly higher item missingness rate in the combined QFT and DR data (0.2 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). This item is planned for ACASI administration in the partially redesigned 2015 questionnaire, so this item will be examined closely in the 2015 6-month tables.
- Several items that ask about recent employment history, missing workdays, size of employing organization, and related issues—QD31, QD33, QD36, QD38, QD39a, QD40, QD41, and QD42—had significantly higher item missingness rates in the DR data than in the 2012 or 2013 quarters 3 and 4 comparison data. The lower missingness rates for all of these items were quite similar in the 2012 and 2013 quarters 3 and 4 comparison data. These items are planned for ACASI administration in the partially redesigned 2015 questionnaire, so these items will be examined closely in the 2015 6-month tables.
- Two items asking about health insurance coverage, QHI02 on Medicaid plans and QHI03 on military plans, had higher item missingness rates in the DR data than in the 2012 and 2013 quarters 3 and 4 comparison datasets. For item QHI03, however, only the difference between the 2012 comparison data and the combined QFT-DR data was statistically significant. The missingness rates for QHI02 were 0.4 percent for both the 2012 and 2013 quarters 3 and 4 comparison data, but the rate was 0.9 percent

for the combined QFT-DR data. For item QHI03, the missingness rate was 0.2 percent for the 2012 comparison data, 0.3 percent for the 2013 quarters 3 and 4 comparison data, and 0.6 percent for the combined QFT-DR data. These two items are planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for these two items will not be a concern in the 2015 data.

- Furthermore, although the difference in missingness rates for item QHI06 (private health insurance) followed a similar pattern previously observed for this item when comparing just the QFT data with the main study comparison datasets, the differences between the DR missingness rate (0.7 percent) and the two comparison datasets (both 0.4 percent) were not statistically significant. This item is planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for this item will not be a concern in the 2015 data.
- Some of the items asking about receipt of various sources of income or participation in government assistance programs—QI03N, QI08N, and QI10N—had significantly higher item missingness rates in the DR data than in the 2012 or 2013 quarters 3 and 4 comparison data. Missingness rates for all of these items were quite similar in the 2012 and 2013 quarters 3 and 4 comparison data. Although the difference in missingness rates for item QI06N (receipt of food stamps) followed a similar pattern previously observed for this item when comparing just the QFT data with the main study comparison datasets, the differences between the DR missingness rate (0.6 percent) and the two comparison datasets (both 0.3 percent) were not statistically significant. These items are planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for these items will not be a concern in the 2015 data.
- Two items on personal income levels—QI20N and QI21A—had higher item missingness rates in the QFT data than in the 2012 or 2013 quarters 3 and 4 comparison data. For item QI21A, however, only the difference between the 2012 comparison data and the combined QFT-DR data was statistically significant. The missingness rate for QI20N was close to 2 percent in both the 2012 and 2013 quarters 3 and 4 comparison data, but the rate was 3.4 percent for combined QFT-DR data. For item QI21A, the missingness rate was 2.3 percent for the 2012 comparison data, 3.2 percent for the 2013 quarters 3 and 4 comparison data, and 4.5 percent for the combined QFT-DR data. These two items are planned to be moved back to CAPI administration in the partially redesigned 2015 questionnaire, so missingness rates for these two items will not be a concern in the 2015 data.

The following two sets of items administered in ACASI for both the QFT and DR had significantly <u>lower</u> missingness rates than the CAPI estimates for the 2012 and 2013 quarters 3 and 4 comparison data:

- Items QD43, QD44, QD45, QD46, QD47, QD48, QD49, QD50, and QD51 on issues related to workplace drug and alcohol use policies, including testing for drug and alcohol use, had lower item missingness rates in the combined QFT-DR data compared with the 2012 or 2013 quarters 3 and 4 comparison data. For item QD45, however, only the difference between the 2013 quarters 3 and 4 comparison data and

the combined QFT-DR data was statistically significant. The higher missingness rates for all of these items were generally quite similar in the 2012 and 2013 quarters 3 and 4 comparison data.

- Several items asking about health insurance coverage, including whether private health insurance was obtained through work (QHI07), coverage for treatment of alcohol abuse (QHI08), coverage for treatment of drug abuse (QHI09), coverage for treatment of mental health issues (QHI10), and the amount of time elapsed since having any kind of health care coverage, had lower item missingness rates in the combined QFT-DR data than in the 2012 or 2013 quarters 3 and 4 comparison data. Missingness rates for QHI08 and QHI09 showed especially large differences, where the missingness rates ranged from about 44 or 45 percent in the 2012 and 2013 quarters 3 and 4 comparison data, but were only 26 to 27 percent in the combined QFT-DR data.

Overall, observed differences in missingness rates for items moved to ACASI administration in the combined QFT-DR data followed very similar patterns previously observed for the same items when comparing just the QFT data with the main study comparison datasets. This result was true both for items that had higher missingness rates in the combined QFT-DR data in relation to parallel CAPI items in the main study comparison datasets and those items that produced relatively lower missingness rates in the combined QFT-DR data. A few items varied in the degree of difference between the combined QFT-DR data in relation to parallel CAPI items in the main study comparison datasets. For example, a few comparisons that were significantly different when comparing just the QFT data with the main study comparison datasets were not significant when the combined QFT-DR data were compared. Although these findings suggest a slight decrease in missingness rates in the DR for a few items that were significantly higher when comparing just the QFT data with the main study comparison datasets, the overall patterns of missingness rates in the DR data were quite similar to the patterns observed in the DR. None of the items moved to ACASI administration had notably higher missingness rates in the DR data than were observed in the QFT data.

4.4.2 Item Missingness Rates for Items Moved from CAPI to ACASI Administration in Spanish-Language Interviews

As ***Table B.2*** indicates, relatively small sample sizes for the DR data and small sample sizes for some moved items in the 2012 comparison data and the 2013 quarters 3 and 4 data resulted in many missingness rate estimates with low precision (denoted by an asterisk). These small sample sizes greatly limit the ability to draw clear conclusions about missingness rates in the Spanish-language interviews for items moved to ACASI administration in the DR. Given these limitations, only the following five items moved to ACASI administration showed significantly higher missingness rates in the DR data from Spanish-language interviews than the same items in CAPI mode from Spanish-language interviews in the comparison datasets:

- Item QD13, which asks about the number of home moves in the past year, had a significantly higher item missingness rate in the DR data (0.2 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD13 was based on only 8 cases with missing data from a total

set of 185 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***.

- Item QD38, which asks about the length of unemployed time during the past year, had a significantly higher item missingness rate in the DR data (32.1 percent) than in both the 2012 comparison data (0.0 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD38 was based on only 5 cases with missing data from a total set of 20 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***.
- Item QD40, which asks about the number of whole work days missed due to illness or injury in the past month, had a significantly higher item missingness rate in the DR data (6.2 percent) than in both the 2012 comparison data (0.3 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD40 was based on only 7 cases with missing data from a total set of 80 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***.
- Item QD41, which asks about the number of whole work days missed due to not wanting to be at work in the past month, had a significantly higher item missingness rate in the DR data (5.1 percent) than in both the 2012 comparison data (0.4 percent) and the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD41 was based on only 6 cases with missing data from a total set of 80 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***.
- Item QI12BN, which asks about the number of months receiving any type of welfare or public assistance (not including food stamps), had a significantly higher item missingness rate in the DR data (27.7 percent) than in both the 2012 comparison data (2.3 percent) and the 2013 quarters 3 and 4 comparison data (3.4 percent). The estimated missingness rate for the DR Spanish-language interviews for item QI12BN was based on only 5 cases with missing data from a total set of 16 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***. In the data from English-language non-Hispanic interviews, the missingness rate for this item appeared to be higher in the combined QFT-DR data (7.2 percent) than in the 2012 (3.8 percent) or 2013 quarters 3 and 4 comparison data (2.9 percent), although these differences were not statistically significant.

Similarly, only the following five items administered in ACASI for the DR had significantly lower missingness rates than the CAPI estimates for the 2012 and 2013 quarters 3 and 4 comparison data based on Spanish-language interviews:

- Item QD45, which asks about receiving any educational information regarding the use of alcohol or drugs, had a significantly lower item missingness rate in the DR data (0.0 percent) than in both the 2012 comparison data (0.6 percent) and the 2013 quarters 3 and 4 comparison data (0.2 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD45 was based on a total sample size of 80 respondents and, therefore, was a low precision estimate. With this caveat, this finding was consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***.
- Item QD53, which asks about the likelihood of wanting to work for an employer that randomly tests for drug or alcohol use, had a significantly lower item missingness rate in the DR data (0.0 percent) than in both the 2012 comparison data (1.0 percent) and the 2013 quarters 3 and 4 comparison data (0.8 percent). The estimated missingness rate for the DR Spanish-language interviews for item QD53 was based on a total sample size of 80 respondents and, therefore, was a low precision estimate. This finding was not consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1,*** where the DR missingness rate was not significantly higher than the missingness rates for the comparison samples.
- Item QHI02, which asks about health insurance coverage through a Medicaid plan, had a significantly lower item missingness rate in the DR data (0.0 percent) than in the 2012 comparison data (0.6 percent) but not in the 2013 quarters 3 and 4 comparison data (0.0 percent). The estimated missingness rate for the DR Spanish-language interviews for item QHI02 was a low-precision estimate. This finding was not consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1,*** where the DR missingness rate was significantly higher than the missingness rates for both comparison samples.
- Two items asking about health insurance coverage, including health insurance coverage for treatment of alcohol abuse (QHI08) and coverage for treatment of drug abuse (QHI09), both had significantly lower item missingness rate in the DR data than in both the 2012 comparison data and the 2013 quarters 3 and 4 comparison data. For both items, the missingness rates in the DR data were 9.1 percent. The missingness rates for these two items were 34.9 and 36.1 percent, respectively, in the 2012 comparison data and 41.9 and 43.8 percent, respectively, in the 2013 quarters 3 and 4 comparison data. The estimated missingness rate for the DR Spanish-language interviews for items QHI08 and QHI09 was based on only 3 cases with missing data from a total set of 37 respondents and, therefore, was a low precision estimate. With this caveat, these findings were consistent with the missingness rate pattern for this item based on the data from English-language non-Hispanic interviews noted in ***Section 4.4.1***.

4.4.3 Item Missingness Rates for Revised or New Items in English-Language Non-Hispanic Interviews

As ***Table B.3*** indicates, the 11 items that were either new or revised for the QFT or the DR had relatively low missingness rates based on the data from English-language non-Hispanic interviews. Of the 11 items, 5 had no missing data, and the small number of cases produced low precision estimates for some items. Item QD10e asking about which specific immediate family member was serving in the United States military had the highest weighted item missingness rate among these items at 8.9 percent of the QFT and 2.7 percent for the DR, although this was a low precision estimate in the DR data because only a small number of respondents were routed to this item. In the DR, item CG26 on the first use of "smokeless" tobacco had the next highest weighted missingness rate at 1.0 percent, followed by item QD10d asking about immediate family members serving in the United States military at 0.3 percent. The two items new to the DR instrument on sexual identity (QD62) and sexual orientation (QD63) had missingness rates of 0.2 and 0.3 percent, respectively. Based on the English-language non-Hispanic interviews in the QFT and DR, missing data appeared to be a potential data quality issue for only one of these items, QD10e, but this conclusion is limited by the small number of DR respondents routed to this item.

4.4.4 Item Missingness Rates for Revised or New Items in Spanish-Language Interviews

As ***Table B.4*** indicates, the 11 items that were either new or revised for the QFT or the DR had relatively low missingness rates based on the data from the DR Spanish-language interviews, consistent with the data from English-language non-Hispanic interviews shown in ***Table B.3***. Of the 11 items, 6 had no missing data, and the small number of cases produced low precision estimates for some items. The two items new to the DR instrument on sexual attraction (QD62) and sexual identity (QD63) had two of the highest weighted missingness rates among this set of items at 1.3 and 7.8 percent, respectively. Item QD10d asking about immediate family members serving in the United States military had a weighted missingness rate at 2.1 percent, although this was a low precision estimate small number of respondents were routed to this item. Item QD05 on race had a weighted missingness rate of 0.3 percent, and item QD11 on the highest grade or year of school completed had a weighted missingness rate of 0.2 percent. Overall, missing data did not appear to be a data quality issue for these items based on the Spanish-language interviews in the DR, except for new item QD63 on sexual identity. Given these results, item QD63 should be on the list of items to examine closely among Spanish-language interview data in the 2015 Early Data Review (EDR) and/or in the 2015 6-month tables.

4.5 Comparisons of DR English-Language and Spanish-Language Interview Timing Results with 2012 Comparison and 2013 Quarters 3 and 4 Comparison Interviews (*Research Question 2*)

4.5.1 Overall and Module Timing Results for the 2012 Main Study, 2013 Quarters 3 and 4 Main Study, 2012 Questionnaire Field Test, and 2013 Dress Rehearsal

4.5.1.1 Overall and Module Timing Data for English-Language Interviews from Non-Hispanic Respondents

To assess interview timing for the partially redesigned DR instrument administered in English, ***Tables 4.10a*** through ***4.10f*** provide mean and median timing results by module for the 2012 main study comparison data, the 2013 quarters 3 and 4 comparison data,[14] the QFT data, and the DR data.[15] These tables also include combined timing data for the QFT and DR. The comparisons include timing results for all respondents in each of the three sets of interviews and separate timing results for five age categories (i.e., 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older). The age group timing results provide data on how age is related to interview duration for the partially redesigned DR questionnaire and how this information compares with the QFT and current main study timing results. Respondents with an overall administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from the timing results.[16]

Administration times for all four datasets were calculated according to the standard NSDUH timing data calculation procedures. One necessary variation to the timing calculations was creating an "administrative residual" category to capture small amounts of additional interviewing time that did not clearly fall within a defined interview section. Because the administrative residual timings differed in the revised QFT and DR protocols compared with the 2012 main study and the 2013 quarters 3 and 4 protocol, accounting for this time in all of the datasets allowed for more direct and accurate comparisons of overall and section timings across the datasets. In addition, the administrative residual category provides the ability to add mean section timings to produce the mean overall timing. For each of the four sets of respondents,

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[14] The timing data for the 2013 quarters 3 and 4 comparison dataset in the draft DR report include interviews through December 1, 2013.

[15] For readability, ***Tables 4.10a*** through ***4.10f*** appear together at the end of this discussion in ***Section 4.5.1.1***.

[16] Because the DR interviews included a higher number of cases with extreme values, which were excluded from this ***Table 4.13*** series of tables (as indicated in footnote 1), the overall mean and median timings for the DR, QFT, 2012 comparison data, and 2013 comparison data interviews were also calculated with the extreme values included. Including the extreme cases had minimal impact on the overall mean and median interview times for the 2012 and 2013 comparison data. Among extreme cases, the number of interviews and differences in timing for shorter interviews had a slightly greater impact on the mean overall timing than the number of interviews and the differences in timing for the longer interviews. The impact on the overall mean and median interview times for the DR was somewhat greater, resulting in decreases of about 0.5 minute in the mean and about 0.7 minute in the median timing. Given that including the extreme cases resulted in slightly *decreased* overall mean and median interview times for the DR, including the extreme cases would lead to similar conclusions as those drawn from comparing the DR timing data with the QFT, 2012, and 2013 comparison data interviews with the extreme cases excluded.

the mean overall interview time can be calculated by adding the following mean section times, which are presented in boldface in ***Tables 4.10a*** through ***4.10f***:

- introduction,
- core demographics,
- calendar,
- beginning ACASI,
- tutorial,
- total core substances,
- special drugs to consumption of alcohol,
- back-end demographics,
- household roster,
- proxy information/decision,
- proxy tutorial,
- health insurance,
- income, and
- verification.

Table 4.10a shows that overall interview times were somewhat lower for all DR respondents aged 12 or older (mean 59.24, median 55.60) compared with all 2012 respondents (mean 60.69, median 57.87) and the 2013 quarters 3 and 4 respondents (mean 62.03, median 58.75). However, the overall interview times were somewhat higher for the DR respondents aged 12 or older than they were for all QFT respondents (mean 59.13, median 55.60). Overall interview times were lower or similar for DR respondents compared with the 2012 respondents, the 2013 quarters 3 and 4 respondents, and the QFT respondents for most age groups, as shown in ***Tables 4.10b*** through ***4.10f***. There were two exceptions to this pattern. The overall timing for English-speaking, non-Hispanic DR respondents aged 26 to 49 was slightly higher than it was for QFT respondents aged 26 to 49. Also, a larger gap was evident between DR and QFT respondents aged 65 or older in that DR respondents aged 65 or older had a mean administration time of 82.60 minutes, while QFT respondents in the same age group had a mean time of 80.47 minutes. Patterns of overall interview timing across the five age groups were generally similar for the four sets of respondents, where respondents aged 12 to 17 and those aged 50 or older had higher overall timings than those aged 18 to 49. For all sets of respondents, the mean and median overall interview times were greatest for those aged 65 or older.

The first five sections in the partially redesigned DR questionnaire—introduction, core demographics, calendar, beginning ACASI, and tutorial—took less or similar time to administer for most respondents compared with the 2012, 2013, and QFT questionnaire. Timings for these sections varied, so a few exceptions to this general pattern were observed. These exceptions can be seen in ***Tables 4.10b*** through ***4.10f***.

As expected, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the DR respondents (mean 13.27, median 11.58) than it was for the 2012 respondents (mean 12.16, median 11.03) and the 2013 quarters 3 and 4 respondents (mean 12.09, median 10.87). The average timing for the total core substance use sections for all respondents aged 12 or older was only slightly lower for the DR respondents than it was for the QFT respondents (mean 13.57, median 11.68). Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned DR questionnaire contributed to higher administration times among DR respondents for the core substance use modules when compared with the main study data. Combining the smokeless tobacco items appeared to contribute to lower average timings for the tobacco section for the DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents across all age groups. This pattern also held between the QFT and DR data across all age groups. Timing differences between the DR respondents versus the 2012, 2013 quarters 3 and 4, and QFT respondents for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

Timings for the redesigned prescription drug modules are of particular interest, given the considerable changes made to these modules in the QFT and DR questionnaires. The average total timing for the four prescription drug modules for the DR respondents aged 12 or older (mean 5.88, median 4.77) was clearly higher than it was for the 2012 respondents (mean 5.31, median 4.75) and the 2013 quarters 3 and 4 respondents (mean 5.30, median 4.68). The average total timing for these sections in the DR was lower than it was for the QFT respondents (mean 5.96, median 4.92). Among the redesigned prescription drug modules, the pain relievers module accounted for the higher administration times for the DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents. Administering the pain relievers module to the QFT respondents took longer than administering it to the DR respondents (3.00 QFT, 2.92 DR). Average timings for the other three prescription drug modules—tranquilizers, stimulants, and sedatives—were similar or lower among the four sets of respondents. Administration times varied across age groups among the DR, QFT, 2012, and 2013 quarters 3 and 4 respondents. For example, ***Table 4.10b*** shows that DR respondents aged 12 to 17 and DR respondents aged 18 to 25 had lower overall total prescription drug timing results than did respondents in the same age groups in the 2012, 2013, and QFT comparison samples. The overall average timing for the prescription drug modules was increased among the DR respondents by higher administration times for adult respondents aged 26 or older. In addition, the timing differences between the DR respondents and the 2012, 2013 quarters 3 and 4, and QFT respondents increased steadily across the four adult age groups, so that differences among the four sets of respondents were most pronounced among those aged 65 or older (***Table 4.10f***).

For questionnaire sections from special drugs to consumption of alcohol, administration times for DR respondents aged 12 or older varied in relation to the section timings for the 2012 respondents and the 2013 quarters 3 and 4 respondents. Sections with lower DR timings compared with the 2012 and 2013 quarters 3 and 4 interviews included special drugs, risk/availability, prior substance use, youth experiences, youth mental health service utilization, adolescent depression, and consumption of alcohol. The lower administration times for special drugs and prior substance use appeared to result from the deletion of one or more items from these sections in the DR questionnaire. However, the QFT and DR timing of the youth experiences module was about 1 minute shorter compared with timing results from the annual

survey. One brief item (YE04, number of times moved in the past 5 years) was deleted from the module, so the reason for this decrease is unclear. DR administration times were higher than those in the 2012 and 2013 quarters 3 and 4 interviews for the following sections, despite few changes to these sections in the DR questionnaire: substance dependence and abuse, adult mental health services utilization, social environment, parenting experiences, and mental health. The DR modules had similar, but higher, administration times compared with the QFT for each of these modules, except for substance dependence and abuse.

For the remaining sections from special drugs to consumption of alcohol, administration times for DR respondents were generally similar to the section timings for the 2012 and 2013 quarters 3 and 4 respondents. Administration times in the DR instrument were similar to administration times in the QFT instrument across all modules.

Section timings for the remaining back-end modules also varied for all respondents aged 12 or older when comparing DR respondents with 2012 and 2013 quarters 3 and 4 respondents, based mostly on changes made to the DR questionnaire. Administration times between the DR and QFT instruments were similar across modules. For example, under back-end demographics, the average times for the DR respondents compared with 2012 and 2013 quarters 3 and 4 respondents were almost identical for education, but lower for employment. These findings are consistent with the changes to the DR questionnaire, such as deleting questions on industry and occupation from the employment section. As expected, these results were similar in the QFT and DR data.

For the health insurance section, a higher average administration time was observed for the DR respondents compared with the 2012 respondents and the 2013 quarters 3 and 4 respondents. The average administration times for this section were similar in the QFT and DR data. The only change to this section in the DR questionnaire, relative to the main study instrument, was moving these questions from CAPI to ACASI administration. Only the 18 to 25 year old age group had lower administration times compared with the annual NSDUH. One possible explanation for the increased time among the DR respondents was that proxy reporters answered these questions in the DR and the health insurance module is the first section after the proxy tutorial. One consequence of this sequence is that DR proxy reporters might have used additional time getting accustomed to the interview protocol, including the relationship fills.

The income section was also moved from CAPI to ACASI administration in the DR questionnaire, and a new question on household telephone service was added to this section. These changes corresponded with lower timings for the DR respondents compared with the 2012 respondents and the 2013 quarters 3 and 4 respondents for those aged 12 to 64. The 65 or older age group had higher timings compared with the timing results of their counterparts from the annual NSDUH. Comparisons with the QFT results revealed timings that were largely similar between the two field tests.

Spanish-speaking respondents were oversampled in the DR to allow for adequate testing of the Spanish questionnaire. Experience with the current NSDUH questionnaire shows that interviews administered in Spanish produce longer overall average administration times. This finding was replicated in the DR, where the mean overall interview time in Spanish was about 24 minutes longer than mean interview time in English.

To avoid artificially inflating the overall administration time of the DR interviews due to the oversample of Spanish-speaking respondents, the DR timing results provided in ***Tables 4.10a*** through ***4.10f*** were based only on English-language interviews with non-Hispanic respondents. To provide a sense of the expected interview length for both English-language and Spanish-language interviews in 2015, ***Table 4.10g*** presents timing results for all DR respondents, regardless of language of administration. Average administration times for the DR questionnaire among all respondents was 61.77 minutes, which was very similar to the average administration times in the 2012 and 2013 main study comparison data. Despite the large difference between the overall average timings for the English-language and Spanish-language interviews, the overall average timing for the entire DR sample was only about 2 minutes greater than the average time for the English-language interviews with non-Hispanic respondents. Taking into account the oversample of Spanish-speaking respondents, the average interview administration time for the partially redesigned 2015 NSDUH is expected to be about 60 minutes.

Table 4.10a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)

	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.80	1.65	1.69	1.55	1.56	1.45	1.56	1.42	1.56	1.43
Core Demographics	2.13	1.77	2.16	1.78	2.03	1.63	2.04	1.63	2.03	1.63
Calendar	1.66	1.50	1.64	1.48	1.14	1.17	1.15	1.13	1.15	1.15
Beginning ACASI	2.38	2.18	2.35	2.13	2.24	2.03	2.20	1.95	2.22	2.00
Tutorial	3.42	3.23	3.46	3.25	3.35	3.13	3.42	3.18	3.38	3.15
Total Core Substances	12.16	11.03	12.09	10.87	13.57	11.68	13.27	11.58	13.44	11.63
Tobacco	1.98	1.68	1.94	1.63	1.86	1.48	1.77	1.40	1.82	1.45
Alcohol	2.12	1.98	2.10	1.93	2.23	2.05	2.14	1.98	2.19	2.02
Marijuana	0.49	0.37	0.49	0.35	0.51	0.38	0.51	0.37	0.51	0.38
Cocaine and Crack	0.21	0.13	0.21	0.13	0.22	0.13	0.24	0.13	0.23	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.81	0.62	0.81	0.62	1.16	0.90	1.12	0.85	1.14	0.88
Inhalants	1.14	0.90	1.14	0.88	1.32	1.05	1.30	1.00	1.31	1.02
Methamphetamine	N/A	N/A	N/A	N/A	0.20	0.15	0.21	0.15	0.20	0.15
Total Prescription Drugs	5.31	4.75	5.30	4.68	5.96	4.92	5.88	4.77	5.92	4.85
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.40	2.02	2.38	1.97	2.39	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.89	0.70	0.90	0.68	0.89	0.68
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.92	0.75	0.93	0.73	0.92	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.80	0.63	0.81	0.62	0.81	0.63
Pain Relievers (screener plus main module)	2.06	1.87	2.06	1.85	3.00	2.43	2.92	2.35	2.97	2.40
Tranquilizers (screener plus main module)	1.14	0.98	1.14	0.97	1.05	0.77	1.06	0.75	1.06	0.75
Stimulants (screener plus main module)	1.16	0.97	1.16	0.95	1.03	0.78	1.02	0.75	1.03	0.77
Sedatives (screener plus main module)	0.94	0.75	0.94	0.75	0.87	0.67	0.87	0.65	0.87	0.65

(continued)

Table 4.10a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	21.62	19.90	23.34	21.57	20.43	18.79	20.24	18.63	20.35	18.70
Special Drugs	1.58	1.43	1.59	1.42	0.57	0.52	0.57	0.50	0.57	0.52
Risk/Availability	2.91	2.63	2.95	2.65	2.86	2.54	2.86	2.60	2.86	2.57
Blunts	0.27	0.20	0.30	0.20	0.28	0.20	0.29	0.20	0.28	0.20
Substance Dependence and Abuse	2.18	1.62	2.08	1.52	2.30	1.73	2.20	1.70	2.26	1.72
Market Information for Marijuana	0.28	0.00	0.27	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.24	0.95	1.18	0.88	1.13	0.97	1.10	0.88	1.11	0.93
Special Topics, Drug Treatment	1.61	1.32	1.60	1.32	1.66	1.37	1.61	1.33	1.64	1.35
Health Care	1.29	1.08	2.96	2.62	2.79	2.45	2.76	2.43	2.78	2.43
Adult Mental Health Service Utilization	0.82	0.65	0.78	0.62	0.88	0.73	0.93	0.73	0.90	0.73
Social Environment	0.97	1.02	0.94	0.98	0.95	0.95	0.99	1.00	0.97	0.97
Parenting Experiences	0.14	0.00	0.14	0.00	0.19	0.00	0.24	0.00	0.21	0.00
Youth Experiences	2.61	0.00	2.70	0.00	1.96	0.00	1.68	0.00	1.84	0.00
Mental Health	2.14	1.87	2.04	1.72	2.33	2.05	2.44	2.18	2.38	2.12
Adult Depression	1.14	0.32	1.10	0.30	1.22	0.38	1.32	0.42	1.26	0.40
Youth Mental Health Service Utilization	0.60	0.00	0.63	0.00	0.45	0.00	0.38	0.00	0.42	0.00
Adolescent Depression	0.52	0.00	0.57	0.00	0.41	0.00	0.42	0.00	0.42	0.00
Consumption of Alcohol	0.54	0.47	0.52	0.43	0.46	0.40	0.44	0.42	0.45	0.40
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	4.55	4.58	4.36	4.38	3.93	3.62	4.37	4.02	4.13	3.78
Education	0.57	0.43	0.55	0.42	0.83	0.66	0.84	0.70	0.84	0.68
Employment	3.62	3.87	3.53	3.75	1.78	1.70	1.68	1.55	1.74	1.63

(continued)

Table 4.10a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.63	1.40	1.64	1.40	1.45	1.25	1.55	1.22	1.49	1.23
Proxy Information/ Decision	0.56	0.33	0.61	0.35	0.57	0.43	0.63	0.38	0.60	0.42
Proxy Tutorial	N/A	N/A	N/A	N/A	0.70	0.00	0.69	0.00	0.70	0.00
Health Insurance**	1.39	1.28	1.38	1.27	1.57	1.35	1.56	1.35	1.57	1.35
Income	3.58	3.22	3.50	3.10	3.10	2.70	3.00	2.52	3.06	2.62
Verification	3.12	2.67	3.41	2.87	3.34	2.85	3.40	2.85	3.37	2.85
Administrative Residual	0.68	N/A	0.38	N/A	0.14	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	60.69	57.87	62.03	58.75	59.13	55.60	59.24	55.60	59.18	55.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17)

	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.88	1.77	1.73	1.58	1.58	1.52	1.67	1.65	1.62	1.58
Core Demographics	2.00	1.68	2.00	1.68	1.88	1.53	1.79	1.58	1.85	1.55
Calendar	1.65	1.52	1.64	1.50	1.20	1.22	1.21	1.20	1.21	1.20
Beginning ACASI	2.41	2.25	2.37	2.20	2.22	2.12	2.21	2.00	2.21	2.07
Tutorial	3.65	3.55	3.73	3.62	3.38	3.36	3.50	3.32	3.43	3.33
Total Core Substances	11.70	10.75	11.74	10.68	11.81	10.54	10.75	10.00	11.38	10.35
Tobacco	1.70	1.43	1.69	1.43	1.42	1.13	1.39	1.10	1.41	1.12
Alcohol	1.56	1.32	1.54	1.27	1.62	1.32	1.36	1.05	1.52	1.20
Marijuana	0.45	0.32	0.45	0.32	0.49	0.38	0.45	0.32	0.47	0.35
Cocaine and Crack	0.17	0.13	0.17	0.13	0.16	0.13	0.17	0.13	0.16	0.13
Heroin	0.10	0.08	0.10	0.08	0.09	0.08	0.09	0.07	0.09	0.08
Hallucinogens	0.86	0.70	0.86	0.70	1.21	0.98	1.01	0.83	1.13	0.93
Inhalants	1.34	1.10	1.34	1.10	1.46	1.19	1.34	1.12	1.41	1.17
Methamphetamine	N/A	N/A	N/A	N/A	0.21	0.18	0.21	0.18	0.21	0.18
Total Prescription Drugs	5.53	5.03	5.59	5.05	5.14	4.45	4.74	4.18	4.98	4.32
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.33	2.01	2.20	1.98	2.28	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.79	0.65	0.72	0.62	0.76	0.63
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.82	0.70	0.77	0.67	0.80	0.70
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.72	0.60	0.64	0.53	0.69	0.57
Pain Relievers (screener plus main module)	2.13	2.00	2.15	2.00	2.65	2.28	2.49	2.23	2.58	2.25
Tranquilizers (screener plus main module)	1.19	1.05	1.20	1.05	0.85	0.66	0.75	0.62	0.81	0.65
Stimulants (screener plus main module)	1.21	1.03	1.22	1.03	0.90	0.72	0.84	0.68	0.88	0.72
Sedatives (screener plus main module)	1.01	0.83	1.02	0.83	0.75	0.60	0.67	0.55	0.71	0.58

(continued)

Table 4.10b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17) (continued)

	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	21.88	20.48	23.79	22.38	20.39	19.04	19.97	19.02	20.22	19.02
Special Drugs	1.66	1.57	1.68	1.57	0.53	0.50	0.50	0.50	0.52	0.50
Risk/Availability	2.95	2.73	3.04	2.80	2.77	2.50	2.67	2.57	2.73	2.52
Blunts	0.25	0.20	0.27	0.20	0.28	0.20	0.26	0.20	0.27	0.20
Substance Dependence and Abuse	0.88	0.00	0.79	0.00	0.86	0.00	0.78	0.00	0.83	0.00
Market Information for Marijuana	0.20	0.00	0.19	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	0.56	0.00	0.50	0.00	0.48	0.00	0.43	0.00	0.46	0.00
Special Topics, Drug Treatment	1.33	1.15	1.34	1.13	1.27	1.08	1.26	1.10	1.26	1.08
Health Care	1.33	1.17	3.02	2.73	2.71	2.44	2.66	2.52	2.69	2.48
Adult Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Social Environment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Parenting Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Experiences	8.17	7.73	8.11	7.67	7.81	7.25	7.58	7.13	7.72	7.18
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adult Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Mental Health Service Utilization	1.88	1.58	1.88	1.57	1.79	1.50	1.70	1.57	1.75	1.52
Adolescent Depression	1.62	0.63	1.70	0.65	1.65	0.60	1.90	0.67	1.75	0.62
Consumption of Alcohol	0.28	0.00	0.25	0.00	0.24	0.00	0.23	0.00	0.23	0.00
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.59	1.75	2.49	1.63	3.33	3.04	3.69	3.42	3.48	3.22
Education	0.89	0.83	0.84	0.78	1.27	1.16	1.30	1.20	1.28	1.17
Employment	1.39	0.30	1.42	0.28	0.76	0.49	0.76	0.62	0.76	0.55

(continued)

Table 4.10b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17) (continued)

	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	2.13	1.88	2.14	1.87	1.92	1.73	1.88	1.62	1.90	1.67
Proxy Information/ Decision	1.01	0.77	1.05	0.78	0.90	0.78	1.18	0.82	1.01	0.78
Proxy Tutorial	N/A	N/A	N/A	N/A	2.04	2.25	2.28	2.60	2.14	2.38
Health Insurance**	1.39	1.28	1.39	1.27	1.73	1.53	1.83	1.68	1.77	1.58
Income	3.79	3.45	3.65	3.25	3.35	2.95	3.36	2.90	3.35	2.93
Verification	3.20	2.75	3.51	2.97	3.15	2.78	3.40	2.78	3.25	2.78
Administrative Residual	0.51	N/A	0.35	N/A	0.12	N/A	0.12	N/A	0.12	N/A
Overall Questionnaire	59.78	57.73	61.58	58.93	59.02	56.85	58.84	56.35	58.95	56.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25)

	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.70	1.60	1.60	1.52	1.36	1.42	1.33	1.33	1.35	1.40
Core Demographics	2.07	1.73	2.05	1.73	1.85	1.58	2.01	1.59	1.92	1.58
Calendar	1.64	1.48	1.62	1.47	0.95	0.92	0.94	0.88	0.94	0.90
Beginning ACASI	2.29	2.10	2.26	2.05	2.17	2.03	2.10	1.91	2.14	1.98
Tutorial	2.95	2.78	2.97	2.78	2.73	2.63	2.73	2.50	2.73	2.58
Total Core Substances	11.41	10.32	11.29	10.17	12.04	10.75	11.01	9.76	11.60	10.20
Tobacco	1.98	1.68	1.92	1.62	1.82	1.55	1.61	1.38	1.73	1.50
Alcohol	2.21	2.07	2.20	2.02	2.10	2.03	2.00	1.90	2.06	1.98
Marijuana	0.54	0.38	0.54	0.37	0.55	0.37	0.55	0.39	0.55	0.38
Cocaine and Crack	0.20	0.12	0.20	0.12	0.20	0.12	0.20	0.10	0.20	0.10
Heroin	0.09	0.07	0.09	0.07	0.09	0.07	0.08	0.07	0.08	0.07
Hallucinogens	0.71	0.50	0.72	0.50	0.96	0.67	0.88	0.62	0.93	0.63
Inhalants	0.90	0.72	0.89	0.70	0.99	0.83	0.94	0.72	0.97	0.78
Methamphetamine	N/A	N/A	N/A	N/A	0.15	0.11	0.15	0.10	0.15	0.10
Total Prescription Drugs	4.78	4.30	4.74	4.18	5.17	4.33	4.59	3.91	4.92	4.12
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	1.91	1.73	1.86	1.60	1.89	1.68
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.69	0.57	0.65	0.55	0.67	0.57
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.69	0.62	0.71	0.60	0.70	0.60
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.58	0.53	0.56	0.48	0.57	0.52
Pain Relievers (screener plus main module)	1.96	1.73	1.92	1.70	2.65	2.16	2.30	1.92	2.50	2.08
Tranquilizers (screener plus main module)	1.02	0.87	1.02	0.85	0.93	0.61	0.81	0.57	0.88	0.60
Stimulants (screener plus main module)	1.03	0.85	1.02	0.83	0.96	0.67	0.90	0.65	0.93	0.67
Sedatives (screener plus main module)	0.78	0.63	0.79	0.63	0.63	0.53	0.58	0.50	0.61	0.53

(continued)

Table 4.10c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25) (continued)

	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	19.95	18.32	21.22	19.48	17.83	16.47	16.98	15.64	17.46	16.32
Special Drugs	1.42	1.28	1.41	1.27	0.49	0.43	0.48	0.42	0.49	0.43
Risk/Availability	2.50	2.30	2.53	2.30	2.36	2.15	2.34	2.12	2.35	2.13
Blunts	0.31	0.22	0.36	0.23	0.33	0.23	0.36	0.23	0.35	0.23
Substance Dependence and Abuse	3.01	2.37	2.84	2.22	3.05	2.30	2.59	2.08	2.85	2.18
Market Information for Marijuana	0.46	0.00	0.45	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.44	1.17	1.37	1.10	1.15	1.00	1.12	0.94	1.14	0.98
Special Topics, Drug Treatment	1.58	1.30	1.56	1.28	1.56	1.27	1.42	1.19	1.50	1.21
Health Care	1.01	0.88	2.46	2.25	2.19	2.05	2.15	1.98	2.18	2.02
Adult Mental Health Service Utilization	1.04	0.80	1.00	0.77	0.96	0.76	0.93	0.73	0.95	0.75
Social Environment	1.27	1.15	1.26	1.13	1.03	0.98	1.04	0.93	1.03	0.95
Parenting Experiences	0.01	0.00	0.01	0.00	0.01	0.00	0.00	0.00	0.00	0.00
Youth Experiences										
Mental Health	2.85	2.67	2.80	2.60	2.65	2.51	2.63	2.40	2.64	2.45
Adult Depression	1.52	0.47	1.50	0.45	1.53	0.48	1.41	0.43	1.48	0.45
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.70	0.58	0.67	0.57	0.52	0.43	0.49	0.42	0.51	0.42
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.80	5.67	5.68	5.53	3.84	3.58	4.17	3.91	3.98	3.68
Education	0.65	0.53	0.63	0.50	0.74	0.65	0.74	0.65	0.74	0.65
Employment	4.72	4.72	4.68	4.63	1.86	1.73	1.74	1.54	1.81	1.67

(continued)

Table 4.10c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25) (continued)

	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	2.13	1.88	2.14	1.87	1.92	1.73	1.88	1.62	1.90	1.67
Proxy Information/ Decision	0.39	0.23	0.45	0.27	0.53	0.42	0.47	0.35	0.50	0.38
Proxy Tutorial	N/A	N/A	N/A	N/A	0.31	0.00	0.49	0.00	0.39	0.00
Health Insurance**	1.41	1.33	1.40	1.30	1.39	1.25	1.38	1.18	1.39	1.22
Income	3.52	3.17	3.46	3.10	2.58	2.37	2.77	2.25	2.66	2.32
Verification	3.00	2.65	3.34	2.88	3.30	2.93	3.13	2.87	3.23	2.89
Administrative Residual	0.59	N/A	0.36	N/A	0.15	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	58.24	55.58	59.26	56.28	52.47	50.23	51.59	48.41	52.09	49.52

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

**QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49)

	26 to 49									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.79	1.60	1.67	1.52	1.59	1.40	1.47	1.37	1.53	1.38
Core Demographics	2.23	1.85	2.27	1.85	2.05	1.60	2.01	1.60	2.03	1.60
Calendar	1.65	1.45	1.62	1.45	1.06	1.05	1.09	1.10	1.07	1.08
Beginning ACASI	2.30	2.10	2.27	2.05	2.09	1.92	2.01	1.82	2.05	1.88
Tutorial	3.25	3.07	3.26	3.07	2.99	2.87	3.14	2.95	3.06	2.90
Total Core Substances	12.07	10.98	12.08	10.87	13.03	11.37	13.26	11.92	13.13	11.63
Tobacco	2.06	1.78	2.05	1.78	1.90	1.65	1.87	1.57	1.89	1.62
Alcohol	2.35	2.17	2.39	2.18	2.30	2.15	2.32	2.18	2.31	2.17
Marijuana	0.46	0.35	0.46	0.35	0.49	0.35	0.49	0.33	0.49	0.35
Cocaine and Crack	0.24	0.13	0.24	0.13	0.23	0.13	0.27	0.15	0.25	0.13
Heroin	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08	0.10	0.08
Hallucinogens	0.76	0.58	0.76	0.58	1.05	0.85	1.11	0.87	1.07	0.87
Inhalants	1.02	0.83	1.03	0.83	1.16	0.95	1.23	0.97	1.19	0.97
Methamphetamine	N/A	N/A	N/A	N/A	0.19	0.13	0.21	0.13	0.20	0.13
Total Prescription Drugs	5.08	4.55	5.06	4.47	5.60	4.85	5.66	4.87	5.63	4.87
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.21	1.97	2.23	1.92	2.22	1.95
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.84	0.70	0.84	0.68	0.84	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.88	0.75	0.85	0.72	0.86	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.74	0.63	0.76	0.63	0.75	0.63
Pain Relievers (screener plus main module)	2.00	1.78	1.99	1.77	2.86	2.40	2.86	2.37	2.86	2.39
Tranquilizers (screener plus main module)	1.10	0.93	1.09	0.92	1.01	0.78	1.05	0.77	1.03	0.77
Stimulants (screener plus main module)	1.11	0.93	1.10	0.92	0.93	0.77	0.92	0.75	0.93	0.77
Sedatives (screener plus main module)	0.87	0.72	0.87	0.72	0.80	0.67	0.83	0.67	0.82	0.67

(continued)

Table 4.10d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49) (continued)

	26 to 49									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	21.69	19.73	23.58	21.50	20.17	18.65	20.34	18.63	20.25	18.64
Special Drugs	1.54	1.38	1.54	1.35	0.57	0.50	0.61	0.52	0.58	0.52
Risk/Availability	2.87	2.63	2.92	2.65	2.73	2.48	2.80	2.60	2.76	2.52
Blunts	0.26	0.18	0.28	0.20	0.26	0.20	0.29	0.20	0.27	0.20
Substance Dependence and Abuse	2.78	2.22	2.82	2.27	2.78	2.20	2.84	2.22	2.81	2.21
Market Information for Marijuana	0.23	0.00	0.24	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.65	1.35	1.64	1.33	1.34	1.18	1.30	1.15	1.33	1.17
Special Topics, Drug Treatment	1.78	1.45	1.82	1.45	1.79	1.45	1.75	1.43	1.77	1.45
Health Care	1.22	1.07	2.85	2.57	2.58	2.33	2.48	2.37	2.53	2.34
Adult Mental Health Service Utilization	1.22	0.93	1.19	0.92	1.15	0.87	1.15	0.92	1.15	0.88
Social Environment	1.39	1.25	1.37	1.23	1.21	1.07	1.20	1.10	1.21	1.08
Parenting Experiences	0.49	0.00	0.52	0.00	0.49	0.00	0.58	0.00	0.53	0.00
Youth Experiences										
Mental Health	3.10	2.88	3.05	2.77	3.04	2.73	3.01	2.85	3.02	2.76
Adult Depression	1.78	0.52	1.75	0.52	1.77	0.50	1.84	0.55	1.80	0.53
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.62	0.57	0.62	0.57	0.48	0.47	0.48	0.47	0.48	0.47
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.61	5.45	5.41	5.25	4.02	3.68	4.45	4.10	4.21	3.92
Education	0.23	0.13	0.21	0.13	0.59	0.47	0.64	0.57	0.62	0.52
Employment	5.03	4.93	4.91	4.80	2.19	2.02	2.00	1.83	2.11	1.94

(continued)

Table 4.10d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49) (continued)

	26 to 49									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.42	1.23	1.41	1.22	1.33	1.17	1.38	1.15	1.35	1.17
Proxy Information/ Decision	0.30	0.22	0.33	0.23	0.40	0.35	0.45	0.33	0.43	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.22	0.00	0.11	0.00	0.17	0.00
Health Insurance**	1.33	1.23	1.32	1.20	1.40	1.23	1.40	1.23	1.40	1.23
Income	3.39	3.00	3.36	2.92	2.91	2.48	2.56	2.27	2.75	2.40
Verification	2.96	2.53	3.26	2.72	3.20	2.75	3.17	2.67	3.19	2.73
Administrative Residual	0.88	N/A	0.41	N/A	0.12	N/A	0.19	N/A	0.16	N/A
Overall Questionnaire	60.88	57.93	62.26	58.68	56.59	53.52	57.03	53.92	56.79	53.63

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64)

	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.92	1.67	1.89	1.56	1.72	1.49	1.67	1.35	1.70	1.43
Core Demographics	2.36	1.90	2.54	1.97	2.22	1.83	2.19	1.70	2.21	1.77
Calendar	1.72	1.50	1.71	1.48	1.40	1.48	1.31	1.38	1.36	1.45
Beginning ACASI	2.53	2.27	2.51	2.17	2.42	2.08	2.49	2.13	2.45	2.08
Tutorial	4.08	4.02	4.03	3.97	4.31	4.19	4.08	3.95	4.21	4.08
Total Core Substances	14.18	12.83	14.09	12.65	16.77	14.62	15.90	13.65	16.37	14.15
Tobacco	2.36	1.97	2.28	1.95	2.34	1.87	1.95	1.65	2.16	1.70
Alcohol	2.73	2.50	2.69	2.47	2.84	2.45	2.48	2.35	2.68	2.40
Marijuana	0.52	0.42	0.53	0.42	0.52	0.47	0.54	0.43	0.53	0.47
Cocaine and Crack	0.29	0.18	0.30	0.18	0.29	0.20	0.33	0.22	0.31	0.20
Heroin	0.12	0.10	0.13	0.10	0.14	0.12	0.12	0.10	0.13	0.10
Hallucinogens	0.91	0.70	0.93	0.72	1.40	1.11	1.34	1.03	1.37	1.07
Inhalants	1.28	1.02	1.29	1.02	1.56	1.26	1.48	1.10	1.53	1.22
Methamphetamine	N/A	N/A	N/A	N/A	0.23	0.18	0.27	0.18	0.25	0.18
Total Prescription Drugs	5.95	5.33	5.93	5.25	7.44	6.25	7.40	5.90	7.42	6.10
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.92	2.41	2.79	2.20	2.86	2.28
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.17	0.97	1.14	0.87	1.16	0.90
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.23	0.93	1.21	0.93	1.22	0.93
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.12	0.86	1.06	0.77	1.09	0.83
Pain Relievers (screener plus main module)	2.18	1.98	2.17	1.93	3.59	3.02	3.60	2.83	3.59	2.93
Tranquilizers (screener plus main module)	1.30	1.13	1.28	1.11	1.34	1.00	1.36	1.02	1.35	1.00
Stimulants (screener plus main module)	1.35	1.13	1.34	1.13	1.29	0.97	1.25	0.97	1.27	0.97
Sedatives (screener plus main module)	1.12	0.93	1.13	0.92	1.22	0.93	1.18	0.83	1.20	0.90

(continued)

Table 4.10e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64) (continued)

	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	24.02	21.67	26.18	23.77	22.47	20.63	21.66	20.20	22.10	20.28
Special Drugs	1.74	1.55	1.77	1.57	0.66	0.62	0.66	0.57	0.66	0.58
Risk/Availability	3.44	3.13	3.49	3.15	3.49	3.22	3.26	2.85	3.39	3.12
Blunts	0.21	0.18	0.23	0.18	0.22	0.20	0.23	0.18	0.22	0.20
Substance Dependence and Abuse	2.54	2.08	2.46	2.10	2.72	2.21	2.39	1.75	2.57	2.02
Market Information for Marijuana	0.14	0.00	0.14	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.79	1.50	1.81	1.50	1.52	1.33	1.39	1.28	1.46	1.30
Special Topics, Drug Treatment	1.98	1.63	1.98	1.62	1.93	1.63	1.80	1.50	1.87	1.57
Health Care	1.72	1.48	3.74	3.37	3.54	3.27	3.06	2.88	3.32	3.12
Adult Mental Health Service Utilization	1.45	1.10	1.47	1.10	1.27	1.02	1.41	0.97	1.33	1.02
Social Environment	1.64	1.47	1.63	1.45	1.51	1.40	1.46	1.28	1.49	1.35
Parenting Experiences	0.26	0.00	0.24	0.00	0.19	0.00	0.27	0.00	0.22	0.00
Youth Experiences										
Mental Health	3.59	3.30	3.49	3.18	3.22	2.92	3.48	3.08	3.34	3.00
Adult Depression	2.04	0.58	2.01	0.60	1.55	0.54	1.78	0.65	1.65	0.57
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.67	0.62	0.66	0.62	0.64	0.53	0.49	0.48	0.57	0.50
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.20	5.13	4.92	4.92	4.58	4.17	4.81	4.52	4.69	4.32
Education	0.19	0.12	0.18	0.12	0.67	0.55	0.75	0.63	0.71	0.58
Employment	4.73	4.75	4.61	4.68	2.48	2.29	2.08	2.03	2.30	2.15

(continued)

Table 4.10e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64) (continued)

	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.10	0.90	1.02	0.83	1.09	0.97	1.31	0.78	1.19	0.90
Proxy Information/ Decision	0.31	0.22	0.32	0.23	0.50	0.38	0.41	0.30	0.46	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.19	0.00	0.15	0.00	0.17	0.00
Health Insurance**	1.36	1.23	1.43	1.20	1.71	1.50	1.62	1.42	1.67	1.45
Income	3.42	3.02	3.37	2.90	3.34	3.01	3.22	2.63	3.29	2.83
Verification	3.30	2.68	3.40	2.85	3.85	2.95	3.59	2.82	3.73	2.90
Administrative Residual	1.01	N/A	0.48	N/A	0.17	N/A	0.17	N/A	0.17	N/A
Overall Questionnaire	66.53	63.13	67.88	64.35	66.76	62.60	64.55	62.22	65.76	62.33

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older)

	65 Or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.91	1.70	1.90	1.67	1.73	1.57	2.05	1.73	1.88	1.65
Core Demographics	2.64	2.15	2.91	2.48	2.66	2.30	2.65	2.04	2.66	2.27
Calendar	1.85	1.60	1.79	1.55	1.53	1.57	1.61	1.63	1.57	1.60
Beginning ACASI	3.03	2.67	2.94	2.53	2.91	2.32	2.89	2.56	2.90	2.50
Tutorial	4.88	4.75	4.89	4.70	5.37	5.13	5.32	4.83	5.35	4.95
Total Core Substances	17.42	16.00	17.15	15.57	22.04	19.45	22.31	18.96	22.17	19.28
Tobacco	2.86	2.35	2.75	2.32	2.59	2.20	2.54	2.22	2.57	2.20
Alcohol	3.18	2.92	3.19	2.87	3.47	3.27	3.36	3.12	3.42	3.18
Marijuana	0.48	0.45	0.51	0.43	0.61	0.52	0.57	0.60	0.59	0.53
Cocaine and Crack	0.26	0.22	0.28	0.22	0.32	0.23	0.27	0.27	0.29	0.25
Heroin	0.17	0.15	0.17	0.15	0.16	0.15	0.17	0.15	0.17	0.15
Hallucinogens	1.21	0.95	1.16	0.90	1.78	1.45	1.82	1.48	1.80	1.45
Inhalants	1.88	1.45	1.83	1.43	2.28	1.72	2.19	1.84	2.24	1.75
Methamphetamine	N/A	N/A	N/A	N/A	0.30	0.23	0.31	0.30	0.30	0.27
Total Prescription Drugs	7.38	6.63	7.27	6.50	10.55	8.28	11.08	8.88	10.80	8.48
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.27	3.05	4.32	3.31	4.29	3.15
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.68	1.27	1.95	1.26	1.80	1.27
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.69	1.27	1.89	1.29	1.78	1.27
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.60	1.25	1.78	1.21	1.68	1.22
Pain Relievers (screener plus main module)	2.49	2.33	2.51	2.30	5.10	3.73	4.96	4.09	5.04	3.83
Tranquilizers (screener plus main module)	1.64	1.48	1.62	1.43	1.92	1.43	2.22	1.54	2.06	1.47
Stimulants (screener plus main module)	1.70	1.45	1.64	1.42	1.74	1.27	1.93	1.31	1.83	1.28
Sedatives (screener plus main module)	1.54	1.28	1.50	1.23	1.79	1.30	1.97	1.35	1.87	1.32

(continued)

Table 4.10f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older) (continued)

	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	26.78	24.58	29.23	26.88	26.73	24.08	27.15	25.80	26.93	24.48
Special Drugs	2.06	1.88	2.05	1.85	0.75	0.67	0.77	0.65	0.76	0.67
Risk/Availability	4.59	4.05	4.47	3.93	4.34	3.85	4.42	4.08	4.38	3.90
Blunts	0.23	0.20	0.23	0.20	0.25	0.20	0.26	0.20	0.26	0.20
Substance Dependence and Abuse	1.82	1.37	1.87	1.58	2.08	1.85	1.95	2.03	2.02	1.95
Market Information for Marijuana	0.02	0.00	0.02	0.00	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.58	1.33	1.59	1.27	1.68	1.35	1.53	1.43	1.61	1.40
Special Topics, Drug Treatment	2.20	1.92	2.15	1.87	2.35	1.95	2.17	2.02	2.27	1.98
Health Care	2.52	2.17	5.26	4.65	4.76	4.35	5.38	4.38	5.05	4.35
Adult Mental Health Service Utilization	1.80	1.37	1.71	1.28	1.75	1.33	1.77	1.25	1.76	1.28
Social Environment	2.25	2.00	2.21	1.95	1.94	1.77	1.98	1.73	1.96	1.77
Parenting Experiences	0.05	0.00	0.05	0.00	0.08	0.00	0.03	0.00	0.05	0.00
Youth Experiences										
Mental Health	4.59	4.13	4.32	3.85	4.68	4.35	4.50	3.58	4.60	4.10
Adult Depression	1.61	0.67	1.56	0.63	1.40	0.68	1.76	0.77	1.57	0.73
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.70	0.65	0.67	0.63	0.67	0.62	0.62	0.60	0.65	0.62
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	3.01	1.85	2.67	1.63	4.94	4.40	5.77	4.93	5.33	4.58
Education	0.16	0.12	0.16	0.12	0.90	0.68	0.92	0.78	0.91	0.75
Employment	2.57	1.40	2.40	1.35	2.09	1.75	2.04	1.47	2.07	1.63

(continued)

Table 4.10f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older) (continued)

	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	0.89	0.67	0.76	0.58	0.95	0.75	0.72	0.61	0.84	0.68
Proxy Information/ Decision	0.31	0.20	0.36	0.20	0.48	0.42	0.71	0.31	0.59	0.37
Proxy Tutorial	N/A	N/A	N/A	N/A	0.33	0.00	0.25	0.00	0.29	0.00
Health Insurance**	1.49	1.32	1.47	1.28	2.15	1.95	1.92	1.71	2.05	1.82
Income	3.76	3.32	3.61	3.15	4.41	3.90	4.25	3.48	4.33	3.68
Verification	3.87	3.08	3.94	3.17	4.06	3.18	4.83	3.41	4.42	3.30
Administrative Residual	0.93	N/A	0.52	N/A	0.18	N/A	0.15	N/A	0.16	N/A
Overall Questionnaire	72.79	68.97	74.14	69.60	80.47	74.62	82.60	77.01	81.45	75.32

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.10g Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)

	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.79	1.62	1.69	1.55	1.51	1.37
Core Demographics	2.24	1.85	2.22	1.83	2.20	1.82
Calendar	1.67	1.50	1.66	1.48	1.23	1.20
Beginning ACASI	2.40	2.18	2.36	2.15	2.19	1.95
Tutorial	3.50	3.30	3.52	3.32	3.57	3.30
Total Core Substances	12.47	11.27	12.32	11.02	13.95	11.83
Tobacco	2.00	1.70	1.96	1.65	1.76	1.38
Alcohol	2.18	2.00	2.14	1.97	2.29	2.12
Marijuana	0.50	0.37	0.49	0.37	0.51	0.38
Cocaine and Crack	0.21	0.13	0.21	0.13	0.24	0.15
Heroin	0.10	0.08	0.10	0.08	0.11	0.08
Hallucinogens	0.84	0.65	0.83	0.63	1.24	0.92
Inhalants	1.20	0.93	1.18	0.92	1.42	1.05
Methamphetamine	N/A	N/A	N/A	N/A	0.22	0.17
Total Prescription Drugs	5.45	4.85	5.40	4.77	6.17	4.83
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.55	2.03
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.96	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.99	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.87	0.63
Pain Relievers (Screener Plus Main Module)	2.11	1.92	2.09	1.88	3.08	2.43
Tranquilizers (Screener Plus Main Module)	1.18	1.00	1.16	1.00	1.10	0.75
Stimulants (Screener Plus Main Module)	1.19	0.98	1.18	0.97	1.07	0.77
Sedatives (Screener Plus Main Module)	0.97	0.77	0.97	0.77	0.92	0.65

See notes at end of table.

(continued)

Table 4.10g Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	22.04	20.28	23.61	21.80	20.80	18.95
Special Drugs	1.63	1.47	1.63	1.45	0.60	0.53
Risk/Availability	3.00	2.70	3.01	2.70	3.02	2.68
Blunts	0.27	0.20	0.30	0.22	0.30	0.22
Substance Dependence and Abuse	2.15	1.55	2.07	1.48	2.16	1.67
Market Information for Marijuana	0.27	0.00	0.27	0.00	N/A	N/A
Prior Substance Use	1.23	0.93	1.18	0.88	1.07	0.87
Special Topics, Drug Treatment	1.65	1.35	1.63	1.33	1.68	1.38
Health Care	1.31	1.10	3.00	2.63	2.87	2.47
Adult Mental Health Service Utilization	0.82	0.65	0.79	0.62	0.93	0.73
Social Environment	0.99	1.02	0.96	0.98	1.05	1.02
Parenting Experiences	0.15	0.00	0.15	0.00	0.26	0.00
Youth Experiences	2.74	0.00	2.73	0.00	1.88	0.00
Mental Health	2.15	1.82	2.06	1.70	2.40	2.02
Adult Depression	1.12	0.32	1.08	0.30	1.24	0.40
Youth Mental Health Service Utilization	0.63	0.00	0.63	0.00	0.41	0.00
Adolescent Depression	0.56	0.00	0.57	0.00	0.48	0.00
Consumption of Alcohol	0.54	0.45	0.52	0.43	0.45	0.41
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	4.53	4.50	4.36	4.37	4.74	4.18
Education	0.59	0.47	0.56	0.43	0.91	0.77
Employment	3.58	3.77	3.52	3.72	1.77	1.58

See notes at end of table.

(continued)

Table 4.10g Overall and Module Mean/Median Timing Data for All Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	Mean	Median	Mean	Median	Mean	Median
Household Roster	1.69	1.45	1.68	1.42	1.62	1.30
Proxy Information/ Decision	0.57	0.33	0.62	0.35	0.64	0.42
Proxy Tutorial	N/A	N/A	N/A	N/A	0.82	0.00
Health Insurance**	1.40	1.28	1.40	1.27	1.70	1.42
Income	3.68	3.25	3.53	3.12	3.29	2.70
Verification	3.17	2.68	3.44	2.88	3.38	2.85
Administrative Residual	0.71	N/A	0.40	N/A	0.15	N/A
Overall Questionnaire	61.86	58.82	62.79	59.27	61.77	57.33

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from 0.26 to 0.39 minute.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

4.5.1.2 Overall and Module Timing Data for Spanish-Language Interviews

To assess interview timing for the partially redesigned DR instrument administered in Spanish, ***Tables 4.11a*** through ***4.11f*** provide mean and median timing results by module for the 2012 main study comparison data, the 2013 quarters 3 and 4 comparison data, and the DR data.[17] The QFT was not administered in Spanish; therefore, no QFT data are available for inclusion in this set of tables. The Spanish-language comparisons include timing results for all respondents in each of the three sets of interviews and separate timing results for five age categories (i.e., 12 to 17, 18 to 25, 26 to 49, 50 to 64, and 65 or older). The age group timing results provide data on how age is related to interview duration for the partially redesigned DR questionnaire and how this information compares with current main study timing results. As was the case with the timing data for English-language interviews among non-Hispanic respondents, the Spanish-language respondents with an overall administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from the timing results. Administrative residual timings and means and medians were calculated via the same process for the Spanish-language interviews as was used for the English-language interviews among non-Hispanic respondents and discussed in ***Section 4.5.1.1***.

Although the overall interview timing for the English-language DR interview decreased compared with the timing for the main study, ***Table 4.11a*** shows that overall interview times were somewhat higher for Spanish-language DR respondents. Specifically, the mean timing for all respondents was 83.94 minutes (median 79.32) compared with a mean of 83.54 minutes for the Spanish-language 2012 respondents (median 79.78) and a mean administration time of 82.97 minutes for the Spanish-language 2013 quarters 3 and 4 respondents (median 79.23). The differences in DR interview times across age groups steadily increased as the respondent age increased. A similar pattern appeared in the annual Spanish-language DR timing data. However, in the annual Spanish-language NSDUH, the 65 or older age group had shorter timing figures compared with the 50 to 64 year old age group, as shown in ***Tables 4.11e*** and ***4.11f***.

The Spanish-language DR questionnaire was shorter than the Spanish-language 2012 main study questionnaire for the younger age groups (i.e., for those aged 12 to 17, 18 to 25, or 26 to 49). However, the duration of the DR questionnaire was longer than the 2012 main study questionnaire for the oldest Spanish-speaking NSDUH respondents. The Spanish-language DR questionnaire took longer to administer to the 26 to 49 age group compared with the 2013 Spanish-language questionnaire for quarters 3 and 4. The 2013 questionnaire took longer for the 50 to 64 age group.

The only age group where the Spanish-language DR timing data were *considerably* higher than either the Spanish-language 2012 main study or the Spanish-language 2013 quarters 3 and 4 was respondents aged 65 or older. For this age group, the mean and median times (109.71 and 100.19 minutes, respectively) were considerably higher for this age group in the 2012 main study and in the 2013 quarters 3 and 4. Despite this larger gap in average times for respondents aged 65 or older, the overall timing pattern was consistent with the English-language DR results.

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[17] For readability, ***Tables 4.11a*** through ***4.11f*** appear together at the end of this discussion in ***Section 4.5.1.2***.

The first five sections in the partially redesigned Spanish-language DR questionnaire—introduction, core demographics, calendar, beginning ACASI, and tutorial—took less time to administer overall compared with the Spanish-language 2012 main study and the Spanish-language 2013 quarters 3 and 4 questionnaire. This result was also consistent with the DR timing results for interviews administered in English. Timings for these sections varied, so a few exceptions to this general pattern were observed. These exceptions can be seen in ***Tables 4.11b*** through ***4.11f***.

Similar to the English-language DR timing data, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the Spanish-speaking DR respondents (mean 21.26, median 17.40) than for the Spanish-speaking 2012 respondents (mean 18.33, median 17.20) and the Spanish-speaking 2013 quarters 3 and 4 respondents (mean 18.20, median 17.23). Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned DR questionnaire contributed to higher administration times among DR respondents for the core substance use modules when compared with the main study data. Combining the smokeless tobacco items appeared to contribute to lower average timings for the tobacco section for DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents across all age groups. Again, similar to the English-language timing results, differences between Spanish-speaking DR respondents versus the Spanish-speaking 2012 respondents and Spanish-speaking 2013 quarters 3 and 4 respondents for the remaining core substance use modules—alcohol, marijuana, cocaine and crack, and heroin—were generally small and inconsequential.

The Spanish-language DR questionnaire is the first test of the revised prescription drug modules in Spanish, and the timing results for this section are important for understanding how these questions result in cognitive burden on Spanish speakers. The mean total timing for the four prescription drug modules for Spanish-speaking DR respondents aged 12 or older (mean 10.16, median 7.80) was clearly higher than it was for the Spanish-speaking 2012 respondents (mean 7.83, median 7.32) and the Spanish-speaking 2013 quarters 3 and 4 respondents (mean 7.99, median 7.52). There were smaller differences between the median timings of the questionnaires. The higher mean timing for the DR appears to be affected by extreme interview timings, particularly for Spanish-language respondents aged 65 or older. Further, the timing data for Spanish-language respondents aged 65 or older were based on a small number of respondents who might not be representative of a larger sample of Spanish-language respondents in this age group in the main survey.

As with the English-language questionnaire, the pain relievers module accounted for the higher administration times for Spanish-speaking DR respondents compared with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. Average timings for the other three prescription drug modules—tranquilizers, stimulants, and sedatives—were similar, but slightly higher, among the three sets of respondents. Administration times did vary across age groups among the respondents DR, 2012, and 2013 quarters 3 and 4 respondents. For example, ***Table 4.11b*** shows that Spanish-speaking DR respondents aged 12 to 17 took less time to complete the four prescription drug modules than did Spanish-speaking adolescent respondents in the 2012 and 2013 comparison samples. The timing of the Spanish-speaking respondents aged 18 to 25 was very similar across the three samples. The overall average timing for the prescription drug modules was increased among Spanish-speaking DR

respondents by higher administration times for older respondents. In addition, the timing differences between the Spanish-speaking DR respondents and the Spanish-speaking 2012 and 2013 quarters 3 and 4 respondents increased steadily across the four adult age groups, so that differences among the three sets of respondents were most pronounced among those aged 65 or older (***Table 4.11f***). This example is similar to findings from the English-language questionnaire timing tables.

For questionnaire sections from special drugs to consumption of alcohol, administration times for Spanish-speaking DR respondents aged 12 or older were lower than for the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. The timing for these sections increased across age groups. Individual sections with lower DR timings compared with the 2012 and 2013 quarters 3 and 4 interviews included special drugs, risk/availability, prior substance use, special topics, social environment, youth experiences, youth mental health service utilization, and consumption of alcohol. Similar to the English-language questionnaire findings, the lower administration times for the special drugs and prior substance use sections appeared to result from the deletion of one or more items from these sections in the DR questionnaire. The youth experiences module was markedly shorter in the Spanish-language DR instrument as well compared with the timing results for the annual survey. The reasons for this difference are not immediately clear given that only one short question was deleted from the module.

For the remaining sections from special drugs to consumption of alcohol, administration times for Spanish-speaking DR respondents were generally similar to the section timings for the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. Only the parenting experiences and the adult depression modules had longer timing in the Spanish-language DR compared with *both* the 2012 and 2013 comparison data, and the differences were minimal.

Section timings for the remaining back-end modules varied for all Spanish-speaking respondents aged 12 or older when comparing Spanish-speaking DR respondents with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents, based mostly on changes made to the Spanish-language DR questionnaire. Interestingly, the overall average time for Spanish-speaking respondents aged 65 or older to complete the back-end demographics module was lower than the completion time for Spanish-speaking respondents aged 50 to 64 and very similar to the time for Spanish-speaking respondents aged 26 to 49. Also under the back-end demographics, the average times for the Spanish-speaking DR respondents compared with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents were higher for education, but lower for employment. These findings are consistent with the changes to the Spanish-language DR questionnaire, such as adding new items on disability to the education section and deleting questions on industry and occupation from the employment section, and with the English-language questionnaire finding of longer times for employment.

For the health insurance section, a higher average administration time was observed for Spanish-speaking DR respondents compared with the Spanish-speaking 2012 respondents and the Spanish-speaking 2013 quarters 3 and 4 respondents. As with the English-language questionnaire, the only change to this section, relative to the main study questionnaire, was

moving these questions from CAPI to ACASI administration. One possible explanation for the increased timing among Spanish-speaking DR respondents was that a higher number of proxy reporters answered these questions in the DR and the health insurance module is the first section after the proxy tutorial. One consequence of this sequence is that DR proxy reporters might have used additional time getting accustomed to the interview protocol, including the relationship fills. In addition, the specifications for the health insurance module in the DR included two additional variables that were not included in this module in the 2012 or 2013 data.

The income section was also moved from CAPI to ACASI administration in the Spanish-speaking DR questionnaire, and a new question on household telephone service was added to this section. Compared with the annual Spanish-language NSDUH, the administration of the Spanish-language DR income section was either similar (age categories 18 to 25 and 50 to 64) or longer (age categories 12 to 17, 26 to 49, and 65 or older). None of the age groups in the English-speaking group took longer to complete the DR income module compared with the annual NSDUH income module. These timing data indicate that the income module may be more burdensome on Spanish-speaking respondents.

4.5.2 Overall and Module Timing Results for Affirmative Gate Respondents from English-Language Interviews in the 2012 and 2013 Quarters 3 and 4 Comparison Data and the 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data

Tables 4.12a through ***4.12f*** display mean and median timings by module for respondents who responded affirmatively to at least one gate question within the core substance use questions, or respondents whose prior responses directed them to complete a particular module.[18] For example, only respondents who reported smoking part or all of a cigarette in their lifetime were included in the timing reports for the tobacco module. Similarly, only respondents who were administered the parenting experiences module contributed to the mean timing for that module. These tables present results for respondents whose administration times for a module were beyond the minimal time taken by respondents who had no data to report for a given module. These respondents reported behavior that led to additional questions. An important difference in the affirmative gate timing data compared with the overall timing data discussed in ***Section 4.5.1*** is that the module timings should not be expected to add up to the appropriate section timings because different sets of affirmative gate respondents can be included for each module in each section.

Of respondents who reported use and misuse of prescription drugs, DR timings of the prescription drug modules are similar to those in the 2012 and 2013 comparison samples. The greatest difference was observed among those aged 65 or older, which was 1 minute and 26 seconds longer than the 2102 comparison data. When reviewing these tables overall, the timing results do not indicate a need to revise these modules to reduce administration times.

[18] For readability, ***Tables 4.12a*** through ***4.12f*** appear together at the end of this discussion in ***Section 4.5.2***.

Table 4.11a Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older)

	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.25	1.88	2.02	1.82	1.63	1.37
Core Demographics	3.24	2.78	3.05	2.67	2.80	2.65
Calendar	2.03	1.85	1.93	1.82	1.78	1.88
Beginning ACASI	2.98	2.67	2.87	2.64	2.49	2.25
Tutorial	5.03	5.08	5.09	5.07	4.94	4.92
Total Core Substances	18.33	17.20	18.20	17.23	21.26	17.40
Tobacco	2.75	2.38	2.61	2.32	1.97	1.57
Alcohol	3.23	2.78	3.11	2.75	3.16	2.77
Marijuana	0.55	0.52	0.54	0.50	0.52	0.55
Cocaine and Crack	0.31	0.25	0.29	0.25	0.27	0.23
Heroin	0.18	0.15	0.17	0.15	0.16	0.15
Hallucinogens	1.38	1.18	1.39	1.27	2.15	1.78
Inhalants	2.11	1.75	2.11	1.73	2.50	2.02
Methamphetamine	N/A	N/A	N/A	N/A	0.37	0.30
Total Prescription Drugs	7.83	7.32	7.99	7.52	10.16	7.80
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.52	3.42
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.72	1.23
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.74	1.18
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.52	1.00
Pain Relievers (screener plus main module)	2.75	2.63	2.77	2.65	4.96	4.00
Tranquilizers (screener plus main module)	1.76	1.60	1.78	1.67	1.81	1.28
Stimulants (screener plus main module)	1.78	1.57	1.85	1.67	1.83	1.23
Sedatives (screener plus main module)	1.54	1.28	1.59	1.36	1.56	1.02
Special Drugs to Consumption of Alcohol	29.63	27.72	31.25	29.40	25.64	23.10
Special Drugs	2.68	2.53	2.72	2.53	0.88	0.87
Risk/Availability	4.71	4.37	4.80	4.31	4.38	4.20
Blunts	0.29	0.27	0.31	0.27	0.32	0.25
Substance Dependence and Abuse	2.10	0.00	2.00	0.00	2.02	0.00
Market Information for Marijuana	0.06	0.00	0.06	0.00	N/A	N/A
Prior Substance Use	1.29	0.90	1.17	0.80	1.01	0.75
Special Topics, Drug Treatment	2.50	2.03	2.41	2.00	2.15	1.83
Health Care	1.98	1.72	4.60	4.15	4.13	3.63
Adult Mental Health Service Utilization	1.56	1.25	1.42	1.20	1.48	1.23

(continued)

Table 4.11a Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 or Older) (continued)

	Overall					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Social Environment	1.95	1.97	1.85	1.92	1.73	1.85
Parenting Experiences	0.65	0.00	0.60	0.00	0.62	0.00
Youth Experiences	2.03	0.00	2.16	0.00	1.54	0.00
Mental Health	3.37	2.33	3.06	2.12	3.09	1.93
Adult Depression	1.28	0.60	1.00	0.55	1.33	0.57
Youth Mental Health Service Utilization	0.44	0.00	0.50	0.00	0.31	0.00
Adolescent Depression	0.42	0.00	0.39	0.00	0.17	0.00
Consumption of Alcohol	0.57	0.38	0.53	0.35	0.47	0.37
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.39	4.82	4.87	4.38	7.57	6.47
Education	0.63	0.32	0.58	0.30	1.25	1.13
Employment	4.31	4.03	3.93	3.66	2.60	2.33
Household Roster	2.24	1.80	2.24	1.80	1.84	1.52
Proxy Information/Decision	0.61	0.33	0.74	0.38	0.74	0.57
Proxy Tutorial	N/A	N/A	N/A	N/A	1.43	0.00
Health Insurance**	1.62	1.45	1.70	1.48	2.72	2.27
Income	5.06	3.97	4.09	3.73	5.24	4.32
Verification	4.06	3.43	4.13	3.57	3.76	3.45
Administrative Residual	1.06	N/A	0.79	N/A	0.11	N/A
Overall Questionnaire	83.54	79.78	82.97	79.23	83.94	79.32

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11b Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17)

	12 to 17					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.12	1.79	1.93	1.58	1.38	0.77
Core Demographics	2.59	2.18	2.73	2.32	2.62	2.40
Calendar	1.75	1.67	1.71	1.50	1.22	1.28
Beginning ACASI	2.48	2.30	2.46	2.22	1.92	1.80
Tutorial	4.32	4.32	4.44	4.25	3.63	3.20
Total Core Substances	14.32	13.47	13.86	13.47	11.13	9.40
Tobacco	2.07	1.87	1.87	1.78	1.27	1.08
Alcohol	2.12	1.88	1.77	1.58	1.39	0.92
Marijuana	0.47	0.42	0.46	0.40	0.40	0.22
Cocaine and Crack	0.20	0.17	0.20	0.20	0.16	0.12
Heroin	0.13	0.12	0.13	0.12	0.14	0.08
Hallucinogens	1.13	0.94	1.16	1.05	1.20	0.98
Inhalants	1.76	1.48	1.69	1.47	1.64	1.28
Methamphetamine	N/A	N/A	N/A	N/A	0.22	0.18
Total Prescription Drugs	6.42	5.97	6.58	6.18	4.73	4.10
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.20	2.02
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.78	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.78	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.66	0.60
Pain Relievers (screener plus main module)	2.46	2.36	2.42	2.35	2.49	2.02
Tranquilizers (screener plus main module)	1.37	1.23	1.42	1.28	0.79	0.70
Stimulants (screener plus main module)	1.40	1.18	1.49	1.28	0.78	0.73
Sedatives (screener plus main module)	1.19	0.98	1.25	1.05	0.66	0.60
Special Drugs to Consumption of Alcohol	25.90	24.45	26.97	25.57	18.89	18.17
Special Drugs	2.09	1.93	2.11	2.03	0.58	0.58
Risk/Availability	3.63	3.43	3.80	3.52	2.92	2.82
Blunts	0.28	0.23	0.26	0.22	0.32	0.20
Substance Dependence and Abuse	0.86	0.00	0.44	0.00	0.47	0.00
Market Information for Marijuana	0.15	0.00	0.09	0.00	N/A	N/A
Prior Substance Use	0.62	0.00	0.36	0.00	0.55	0.00
Special Topics, Drug Treatment	1.77	1.51	1.58	1.33	1.33	1.23
Health Care	1.47	1.28	3.66	3.32	2.59	2.42
Adult Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A

(continued)

Table 4.11b Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 12 to 17) (continued)

	12 to 17					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Social Environment	N/A	N/A	N/A	N/A	N/A	N/A
Parenting Experiences	N/A	N/A	N/A	N/A	N/A	N/A
Youth Experiences	9.49	9.00	9.40	9.22	7.60	7.35
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A
Adult Depression	N/A	N/A	N/A	N/A	N/A	N/A
Youth Mental Health Service Utilization	2.06	1.81	2.18	1.93	1.54	1.37
Adolescent Depression	1.97	0.74	1.72	0.77	0.83	0.48
Consumption of Alcohol	0.30	0.00	0.15	0.00	0.17	0.00
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.23	1.50	2.01	1.47	3.69	3.33
Education	0.88	0.78	0.87	0.82	1.15	1.18
Employment	0.94	0.00	0.83	0.00	0.64	0.58
Household Roster	2.29	1.85	2.61	2.13	2.12	1.97
Proxy Information/Decision	1.33	0.87	1.62	0.95	0.93	0.87
Proxy Tutorial	N/A	N/A	N/A	N/A	4.40	4.73
Health Insurance**	1.63	1.42	1.60	1.40	3.44	3.38
Income	5.73	4.38	4.21	3.85	6.77	5.93
Verification	3.74	3.28	4.07	3.30	3.34	3.15
Administrative Residual	0.77	N/A	0.53	N/A	0.10	N/A
Overall Questionnaire	71.19	68.11	70.75	67.07	65.57	63.40

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11c Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25)

	18 to 25					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.06	1.85	2.06	1.93	1.89	1.75
Core Demographics	3.18	2.83	3.00	2.73	2.89	2.77
Calendar	2.08	1.88	2.01	1.87	1.61	1.63
Beginning ACASI	3.07	2.85	2.77	2.58	3.30	2.70
Tutorial	4.96	5.03	4.86	4.87	4.98	4.50
Total Core Substances	18.20	17.32	18.04	17.35	18.17	13.80
Tobacco	2.91	2.42	2.71	2.35	1.96	1.62
Alcohol	3.34	2.82	3.43	2.92	3.54	2.97
Marijuana	0.54	0.43	0.64	0.52	0.62	0.60
Cocaine and Crack	0.33	0.23	0.33	0.25	0.19	0.20
Heroin	0.17	0.13	0.15	0.12	0.13	0.12
Hallucinogens	1.35	1.17	1.32	1.08	1.73	1.37
Inhalants	2.00	1.65	1.96	1.52	2.16	1.77
Methamphetamine	N/A	N/A	N/A	N/A	0.35	0.28
Total Prescription Drugs	7.56	7.12	7.51	6.87	7.50	5.63
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	3.84	2.92
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.22	0.98
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.07	0.83
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.95	0.78
Pain Relievers (screener plus main module)	2.73	2.57	2.73	2.57	4.26	3.02
Tranquilizers (screener plus main module)	1.67	1.53	1.64	1.48	1.22	0.98
Stimulants (screener plus main module)	1.71	1.48	1.70	1.48	1.07	0.83
Sedatives (screener plus main module)	1.45	1.18	1.44	1.20	0.95	0.78
Special Drugs to Consumption of Alcohol	28.05	25.65	28.51	26.55	22.18	19.23
Special Drugs	2.76	2.58	2.53	2.47	0.80	0.68
Risk/Availability	4.57	4.15	4.31	4.00	3.98	3.82
Blunts	0.30	0.27	0.34	0.27	0.39	0.25
Substance Dependence and Abuse	2.59	0.00	3.03	2.12	2.89	2.72
Market Information for Marijuana	0.09	0.00	0.16	0.00	N/A	N/A
Prior Substance Use	1.53	1.15	1.42	1.17	0.99	1.00
Special Topics, Drug Treatment	2.67	2.07	2.48	2.05	1.90	1.67
Health Care	1.85	1.65	4.10	3.63	3.10	3.12
Adult Mental Health Service Utilization	1.70	1.38	1.47	1.30	1.65	1.17

(continued)

Table 4.11c Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 18 to 25) (continued)

	18 to 25					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Social Environment	2.17	2.03	2.04	1.87	1.65	1.47
Parenting Experiences	0.04	0.00	0.00	0.00	0.00	0.00
Youth Experiences	N/A	N/A	0.00	0.00	0.00	0.00
Mental Health	3.99	3.28	3.47	3.02	3.00	2.62
Adult Depression	1.50	0.70	1.18	0.63	1.06	0.62
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.63	0.52	0.67	0.53	0.77	0.58
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	7.08	6.62	6.49	6.13	6.14	5.47
Education	1.22	1.02	1.05	0.82	1.22	1.17
Employment	5.31	5.08	5.01	4.82	2.14	1.73
Household Roster	2.23	1.85	2.32	2.03	1.99	1.53
Proxy Information/Decision	0.46	0.28	0.59	0.33	0.72	0.73
Proxy Tutorial	N/A	N/A	N/A	N/A	1.88	0.00
Health Insurance**	1.63	1.43	1.60	1.57	2.60	2.18
Income	5.06	3.95	4.24	3.83	4.67	4.05
Verification	4.29	3.52	4.00	3.65	3.91	3.77
Administrative Residual	1.00	N/A	0.80	N/A	0.12	N/A
Overall Questionnaire	83.34	79.78	81.31	79.10	77.04	72.18

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11d Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49)

	26 to 49					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.38	1.93	2.05	1.82	1.69	1.58
Core Demographics	3.48	3.00	3.18	2.82	2.73	2.63
Calendar	2.11	1.92	1.95	1.88	1.96	2.17
Beginning ACASI	3.07	2.75	3.01	2.87	2.46	2.35
Tutorial	5.39	5.42	5.38	5.48	5.13	5.12
Total Core Substances	19.90	19.12	19.54	19.42	23.20	20.35
Tobacco	2.93	2.43	2.89	2.40	2.16	1.60
Alcohol	3.70	2.98	3.55	3.03	3.55	2.90
Marijuana	0.58	0.60	0.50	0.53	0.51	0.58
Cocaine and Crack	0.33	0.28	0.29	0.27	0.32	0.25
Heroin	0.21	0.17	0.17	0.15	0.16	0.15
Hallucinogens	1.47	1.33	1.42	1.33	2.33	2.02
Inhalants	2.24	1.85	2.24	1.89	2.59	2.10
Methamphetamine	N/A	N/A	N/A	N/A	0.41	0.37
Total Prescription Drugs	8.44	7.87	8.48	8.24	11.17	8.35
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.94	3.97
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.93	1.40
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.95	1.38
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.67	1.25
Pain Relievers (screener plus main module)	2.85	2.75	2.82	2.77	5.37	4.42
Tranquilizers (screener plus main module)	1.94	1.73	1.91	1.84	2.03	1.42
Stimulants (screener plus main module)	1.95	1.75	1.98	1.85	2.08	1.43
Sedatives (screener plus main module)	1.69	1.47	1.76	1.56	1.69	1.25
Special Drugs to Consumption of Alcohol	31.33	29.52	33.32	31.23	27.16	24.33
Special Drugs	2.89	2.82	3.06	2.93	0.96	0.97
Risk/Availability	5.11	4.72	5.24	4.76	4.63	4.50
Blunts	0.29	0.28	0.30	0.28	0.30	0.27
Substance Dependence and Abuse	2.45	0.00	2.38	0.00	2.58	2.00
Market Information for Marijuana	0.02	0.00	0.01	0.00	N/A	N/A
Prior Substance Use	1.43	1.10	1.40	1.08	1.08	0.85
Special Topics, Drug Treatment	2.73	2.22	2.65	2.23	2.36	2.05
Health Care	2.18	1.95	5.00	4.63	4.51	3.90
Adult Mental Health Service Utilization	2.04	1.60	1.87	1.53	1.75	1.37

(continued)

Table 4.11d Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 26 to 49) (continued)

	26 to 49					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Social Environment	2.51	2.30	2.48	2.28	2.15	1.97
Parenting Experiences	1.34	0.00	1.35	0.00	1.04	0.00
Youth Experiences			0.00	0.00	0.00	0.00
Mental Health	4.12	3.35	3.85	3.11	3.69	2.17
Adult Depression	1.58	0.75	1.09	0.70	1.64	0.67
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.66	0.57	0.62	0.55	0.49	0.42
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	6.08	5.80	5.58	5.33	8.40	7.77
Education	0.28	0.15	0.24	0.13	1.28	1.07
Employment	5.37	5.17	4.95	4.73	3.23	2.87
Household Roster	2.34	1.87	2.08	1.64	1.73	1.45
Proxy Information/Decision	0.38	0.27	0.42	0.27	0.67	0.43
Proxy Tutorial	N/A	N/A	N/A	N/A	0.43	0.00
Health Insurance**	1.61	1.50	1.77	1.48	2.38	2.08
Income	4.57	3.67	3.77	3.53	4.70	4.13
Verification	3.86	3.40	4.13	3.48	3.88	3.30
Administrative Residual	1.10	N/A	0.85	N/A	0.11	N/A
Overall Questionnaire	87.60	84.27	87.01	84.63	86.64	85.17

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11e Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64)

	50 to 64					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	2.63	2.05	2.11	1.90	1.68	1.45
Core Demographics	3.61	3.02	3.07	2.79	3.05	2.74
Calendar	2.08	1.92	1.97	1.87	2.09	2.23
Beginning ACASI	3.52	2.92	3.30	3.10	2.34	2.48
Tutorial	5.30	5.52	6.04	5.99	5.50	5.93
Total Core Substances	21.26	20.53	21.55	21.59	26.38	22.52
Tobacco	3.06	2.52	2.88	2.47	1.87	1.65
Alcohol	3.53	3.20	3.72	3.65	3.86	3.41
Marijuana	0.65	0.65	0.57	0.63	0.64	0.68
Cocaine and Crack	0.35	0.33	0.33	0.33	0.29	0.32
Heroin	0.20	0.20	0.23	0.20	0.18	0.18
Hallucinogens	1.60	1.70	1.76	1.73	2.57	2.33
Inhalants	2.57	2.63	2.63	2.49	2.80	2.11
Methamphetamine	N/A	N/A	N/A	N/A	0.38	0.30
Total Prescription Drugs	9.30	9.30	9.45	9.88	13.80	11.09
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	5.59	4.33
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	2.34	1.55
Stimulants (Screener)	N/A	N/A	N/A	N/A	2.42	1.59
Sedatives (Screener)	N/A	N/A	N/A	N/A	2.17	1.62
Pain Relievers (screener plus main module)	3.06	2.92	2.97	3.17	6.25	5.32
Tranquilizers (screener plus main module)	2.11	2.17	2.22	2.23	2.58	1.66
Stimulants (screener plus main module)	2.19	2.18	2.28	2.23	2.61	2.03
Sedatives (screener plus main module)	1.93	2.05	1.98	1.88	2.36	1.89
Special Drugs to Consumption of Alcohol	33.49	31.77	37.62	37.88	29.11	26.62
Special Drugs	3.00	3.27	3.10	2.91	1.06	0.98
Risk/Availability	5.49	5.45	6.19	5.59	4.97	4.50
Blunts	0.30	0.30	0.42	0.30	0.40	0.28
Substance Dependence and Abuse	2.34	0.00	1.88	0.00	1.98	0.81
Market Information for Marijuana	0.00	0.00	0.00	0.00	N/A	N/A
Prior Substance Use	1.58	1.12	1.47	1.28	1.47	1.13
Special Topics, Drug Treatment	2.64	2.27	2.96	2.56	2.43	2.17
Health Care	2.42	2.27	6.12	5.51	4.94	4.41
Adult Mental Health Service Utilization	2.46	2.15	2.45	1.79	2.30	1.72

(continued)

Table 4.11e Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 50 to 64) (continued)

	50 to 64					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Social Environment	3.18	2.62	2.79	2.58	2.43	2.20
Parenting Experiences	0.74	0.00	0.48	0.00	0.56	0.00
Youth Experiences	N/A	N/A	0.00	0.00	0.00	0.00
Mental Health	5.47	4.87	5.06	4.04	4.36	4.39
Adult Depression	1.85	0.85	2.26	0.78	1.48	0.78
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.64	0.60	0.58	0.58	0.73	0.74
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	6.28	6.05	5.51	5.48	11.43	8.13
Education	0.27	0.15	0.26	0.13	1.27	1.16
Employment	5.70	5.07	5.00	5.01	3.51	3.08
Household Roster	1.96	1.58	1.95	1.28	1.86	1.48
Proxy Information/Decision	0.48	0.28	0.38	0.31	0.80	0.47
Proxy Tutorial	N/A	N/A	N/A	N/A	1.35	0.00
Health Insurance**	1.64	1.43	1.92	1.57	2.19	2.11
Income	5.57	4.18	4.41	3.92	4.98	3.83
Verification	4.63	3.78	4.32	3.88	3.30	3.38
Administrative Residual	1.45	N/A	1.11	N/A	0.10	N/A
Overall Questionnaire	93.90	91.77	95.27	93.87	96.17	94.75

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.11f Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older)

	65 or Older					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.95	1.68	1.78	1.74	1.54	0.44
Core Demographics	3.82	3.29	3.85	3.08	3.49	3.50
Calendar	2.12	1.83	2.40	2.11	1.82	2.28
Beginning ACASI	3.21	3.20	3.33	3.04	3.59	3.15
Tutorial	4.88	4.80	5.08	5.27	6.48	6.50
Total Core Substances	18.29	15.82	22.87	24.43	33.13	33.72
Tobacco	2.87	2.51	2.98	2.38	2.66	1.75
Alcohol	2.86	2.13	3.12	2.92	3.77	3.41
Marijuana	0.48	0.38	0.64	0.70	0.62	0.68
Cocaine and Crack	0.36	0.28	0.36	0.38	0.35	0.38
Heroin	0.24	0.19	0.26	0.23	0.26	0.27
Hallucinogens	1.49	1.50	1.97	1.97	3.54	4.01
Inhalants	2.37	2.20	2.91	3.22	4.48	5.73
Methamphetamine	N/A	N/A	N/A	N/A	0.59	0.73
Total Prescription Drugs	7.62	7.11	10.62	10.59	16.86	14.83
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	7.58	6.59
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	2.68	2.13
Stimulants (Screener)	N/A	N/A	N/A	N/A	2.82	2.63
Sedatives (Screener)	N/A	N/A	N/A	N/A	2.73	2.30
Pain Relievers (screener plus main module)	2.75	2.33	4.07	3.21	8.26	7.44
Tranquilizers (screener plus main module)	1.77	1.58	2.26	2.30	2.85	2.13
Stimulants (screener plus main module)	1.61	1.37	2.45	2.51	2.92	2.63
Sedatives (screener plus main module)	1.49	1.28	1.85	1.93	2.83	2.30
Special Drugs to Consumption of Alcohol	33.98	32.53	36.30	37.61	33.54	27.15
Special Drugs	2.59	2.33	3.09	3.23	1.07	1.21
Risk/Availability	5.58	5.28	5.91	5.66	6.56	7.58
Blunts	0.26	0.27	0.28	0.29	0.31	0.34
Substance Dependence and Abuse	1.44	0.00	1.40	0.00	1.03	0.00
Market Information for Marijuana	0.00	0.00	0.00	0.00	N/A	N/A
Prior Substance Use	1.24	0.95	1.37	1.30	1.25	1.18
Special Topics, Drug Treatment	2.77	2.00	3.05	2.53	2.92	2.99
Health Care	2.68	2.03	5.22	5.16	6.02	6.36
Adult Mental Health Service Utilization	2.22	1.67	2.34	2.08	2.29	1.88

(continued)

Table 4.11f Overall and Module Mean/Median Timing Data for Spanish-Language Interviews in the 2012 Main Study, Q3-Q4 2013 Main Study, and 2013 Dress Rehearsal in Minutes (All Respondents Aged 65 or Older) (continued)

	65+					
	2012 Main Study		Q3-Q4 2013 Main Study		DR	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Social Environment	2.78	2.66	2.76	2.63	2.59	2.43
Parenting Experiences	0.27	0.00	0.34	0.00	0.00	0.00
Youth Experiences			0.00	0.00	0.00	0.00
Mental Health	5.68	3.83	5.69	4.19	5.92	4.10
Adult Depression	2.43	0.89	1.81	0.87	3.12	0.88
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.50	0.17	0.75	0.37	0.48	0.53
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.73	1.42	2.93	1.82	8.93	7.76
Education	0.21	0.12	0.18	0.14	1.24	1.28
Employment	2.21	1.06	2.60	1.40	2.73	1.68
Household Roster	1.40	0.84	1.95	1.63	1.53	0.99
Proxy Information/Decision	0.45	0.28	0.53	0.31	0.65	0.41
Proxy Tutorial	N/A	N/A	N/A	N/A	0.00	0.00
Health Insurance**	1.75	1.13	1.70	1.38	4.23	3.13
Income	5.89	4.45	4.89	3.82	6.13	4.54
Verification	5.57	3.38	4.91	3.91	4.58	4.20
Administrative Residual	2.01	N/A	0.92	N/A	0.09	N/A
Overall Questionnaire	88.04	82.59	93.44	93.38	109.71	100.19

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

Note: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

** DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .21 to .42 minutes.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older)

	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.79	1.62	1.69	1.55	1.56	1.45	1.56	1.42	1.56	1.43
Core Demographics	2.24	1.85	2.22	1.83	2.03	1.63	2.04	1.63	2.03	1.63
Calendar	1.67	1.50	1.66	1.48	1.14	1.17	1.15	1.13	1.15	1.15
Beginning ACASI	2.40	2.18	2.36	2.15	2.24	2.03	2.20	1.95	2.22	2.00
Tutorial	3.50	3.30	3.52	3.32	3.35	3.13	3.42	3.18	3.38	3.15
Total Core Substances	12.73	11.45	12.58	11.20	13.91	11.98	13.59	11.77	13.77	11.93
Tobacco	2.65	2.32	2.72	2.40	2.48	2.10	2.35	2.10	2.42	2.10
Alcohol	2.61	2.33	2.60	2.32	2.61	2.33	2.49	2.28	2.56	2.32
Marijuana	0.81	0.67	0.81	0.67	0.79	0.65	0.78	0.63	0.78	0.65
Cocaine and Crack	0.72	0.57	0.72	0.57	0.68	0.55	0.69	0.57	0.68	0.57
Heroin	0.49	0.33	0.56	0.35	0.51	0.32	0.41	0.28	0.46	0.29
Hallucinogens	1.42	1.20	1.43	1.20	1.70	1.43	1.64	1.43	1.67	1.43
Inhalants	1.68	1.38	1.68	1.35	1.66	1.40	1.71	1.38	1.68	1.40
Methamphetamine	N/A	N/A	N/A	N/A	0.43	0.37	0.50	0.35	0.46	0.37
Total Prescription Drugs	6.47	5.87	6.48	5.80	6.46	5.40	6.33	5.28	6.41	5.35
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.40	2.02	2.38	1.97	2.39	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.89	0.70	0.90	0.68	0.89	0.68
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.92	0.75	0.93	0.73	0.92	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.80	0.63	0.81	0.62	0.81	0.63
Pain Relievers (screener plus main module)	3.10	2.80	3.12	2.78	3.39	2.87	3.28	2.68	3.34	2.78
Tranquilizers (screener plus main module)	1.86	1.63	1.82	1.58	1.81	1.40	1.76	1.40	1.79	1.40
Stimulants (screener plus main module)	1.97	1.75	1.99	1.73	1.77	1.33	1.52	1.25	1.66	1.28
Sedatives (screener plus main module)	1.88	1.58	1.90	1.63	1.47	1.15	1.37	0.97	1.42	1.07

(continued)

Table 4.12a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	22.04	20.28	23.61	21.80	20.43	18.79	20.24	18.63	20.35	18.70
Special Drugs	1.63	1.47	1.63	1.45	0.57	0.52	0.57	0.50	0.57	0.52
Risk/Availability	3.00	2.70	3.01	2.70	2.86	2.54	2.86	2.60	2.86	2.57
Blunts	0.54	0.45	0.64	0.55	0.58	0.50	0.60	0.52	0.59	0.50
Substance Dependence and Abuse	3.78	3.03	3.70	2.93	3.72	2.97	3.55	2.78	3.65	2.90
Market Information for Marijuana	1.48	1.37	1.48	1.37	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.65	1.32	1.61	1.28	1.42	1.20	1.35	1.15	1.39	1.18
Special Topics, Drug Treatment	1.65	1.35	1.63	1.33	1.66	1.37	1.61	1.33	1.64	1.35
Health Care	1.31	1.10	3.00	2.63	2.79	2.45	2.76	2.43	2.78	2.43
Adult Mental Health Service Utilization	2.25	1.88	2.19	1.85	2.16	1.84	2.19	1.85	2.17	1.85
Social Environment	1.47	1.28	1.44	1.27	1.27	1.13	1.28	1.13	1.27	1.13
Parenting Experiences	2.66	2.23	2.55	2.15	2.40	1.93	2.64	2.25	2.51	2.10
Youth Experiences	8.28	7.85	8.14	7.72	7.81	7.25	7.58	7.13	7.72	7.18
Mental Health	3.67	3.23	3.56	3.15	3.62	3.18	3.61	3.17	3.61	3.17
Adult Depression	3.27	1.35	3.24	1.38	3.16	1.39	3.15	1.43	3.16	1.42
Youth Mental Health Service Utilization	3.15	2.73	3.07	2.70	3.09	2.90	2.61	2.40	2.89	2.63
Adolescent Depression	2.67	1.05	2.71	1.07	2.60	0.95	3.08	1.10	2.79	1.04
Consumption of Alcohol	0.78	0.63	0.76	0.62	0.62	0.53	0.58	0.50	0.60	0.52
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	4.53	4.50	4.36	4.37	3.93	3.62	4.37	4.02	4.13	3.78
Education	0.59	0.47	0.56	0.43	0.83	0.67	0.84	0.70	0.84	0.68
Employment	4.28	4.37	4.23	4.32	2.03	1.85	1.86	1.70	1.96	1.78

(continued)

Table 4.12a Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 or Older) (continued)

	Overall									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.69	1.45	1.68	1.42	1.45	1.25	1.55	1.22	1.49	1.23
Proxy Information/ Decision	0.57	0.33	0.62	0.35	0.57	0.43	0.63	0.38	0.60	0.42
Proxy Tutorial	N/A	N/A	N/A	N/A	0.68	0.00	0.00	0.00	0.42	0.00
Health Insurance**	1.40	1.28	1.40	1.27	1.57	1.35	1.56	1.35	1.57	1.35
Income	3.68	3.25	3.53	3.12	3.10	2.70	3.00	2.52	3.06	2.62
Verification	3.17	2.68	3.44	2.88	3.34	2.85	3.40	2.85	3.37	2.85
Administrative Residual	0.71	N/A	0.40	N/A	0.14	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	61.86	58.82	62.79	59.27	59.13	55.60	59.24	55.60	59.18	55.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.10a*** to ***4.10f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17)

	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.85	1.72	1.73	1.57	1.58	1.52	1.67	1.65	1.62	1.58
Core Demographics	2.12	1.77	2.07	1.73	1.88	1.53	1.79	1.58	1.85	1.55
Calendar	1.65	1.52	1.65	1.50	1.20	1.22	1.21	1.20	1.21	1.20
Beginning ACASI	2.40	2.23	2.38	2.20	2.22	2.12	2.21	2.00	2.21	2.07
Tutorial	3.70	3.60	3.75	3.65	3.38	3.36	3.50	3.32	3.43	3.33
Total Core Substances	12.24	11.16	11.97	10.87	11.88	10.73	10.95	10.27	11.51	10.45
Tobacco	2.89	2.57	3.05	2.75	2.48	2.02	2.83	2.63	2.60	2.22
Alcohol	2.47	2.25	2.44	2.20	2.43	2.15	2.21	2.08	2.34	2.13
Marijuana	1.20	1.08	1.18	1.07	1.14	0.98	1.25	1.17	1.18	1.08
Cocaine and Crack	1.15	0.98	1.16	0.95	0.92	0.92	1.78	1.78	1.49	1.55
Heroin	0.66	0.66	1.04	0.97	N/A	N/A	0.00	0.00	0.00	0.00
Hallucinogens	1.95	1.72	1.85	1.62	2.10	1.73	1.53	1.43	1.95	1.69
Inhalants	2.26	1.98	2.35	2.00	1.96	1.71	1.95	1.63	1.95	1.69
Methamphetamine	N/A	N/A	N/A	N/A	0.41	0.42	0.00	0.00	0.41	0.42
Total Prescription Drugs	6.72	6.10	6.93	6.20	5.69	4.93	5.30	4.78	5.53	4.85
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.33	2.01	2.20	1.98	2.28	2.00
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.79	0.65	0.72	0.62	0.76	0.63
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.82	0.70	0.77	0.67	0.80	0.70
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.72	0.60	0.64	0.53	0.69	0.57
Pain Relievers (screener plus main module)	3.45	3.15	3.59	3.28	3.12	2.80	3.06	2.70	3.10	2.78
Tranquilizers (screener plus main module)	2.08	1.88	2.09	1.85	1.90	1.50	1.80	1.72	1.87	1.52
Stimulants (screener plus main module)	2.17	1.87	2.17	1.90	2.02	1.63	1.53	1.25	1.79	1.38
Sedatives (screener plus main module)	2.08	1.83	2.09	1.77	1.51	1.20	1.35	0.85	1.44	1.17

(continued)

Table 4.12b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	22.32	20.90	23.91	22.50	20.39	19.04	19.97	19.02	20.22	19.02
Special Drugs	1.69	1.60	1.69	1.58	0.53	0.50	0.50	0.50	0.52	0.50
Risk/Availability	3.02	2.80	3.06	2.83	2.77	2.50	2.67	2.57	2.73	2.52
Blunts	0.69	0.60	0.83	0.75	0.78	0.70	0.83	0.78	0.80	0.71
Substance Dependence and Abuse	3.77	3.02	3.59	2.85	3.68	2.90	3.93	3.05	3.77	3.00
Market Information for Marijuana	1.47	1.37	1.48	1.38	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.37	1.05	1.30	1.02	1.12	0.97	1.05	0.83	1.09	0.92
Special Topics, Drug Treatment	1.37	1.17	1.35	1.15	1.27	1.08	1.26	1.10	1.26	1.08
Health Care	1.34	1.17	3.03	2.75	2.71	2.44	2.66	2.52	2.69	2.48
Adult Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Social Environment	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Parenting Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Experiences	8.28	7.85	8.14	7.72	7.81	7.25	7.58	7.13	7.72	7.18
Mental Health	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adult Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Youth Mental Health Service Utilization	3.15	2.73	3.07	2.70	3.09	2.90	2.61	2.40	2.89	2.63
Adolescent Depression	2.67	1.05	2.71	1.07	2.60	0.95	3.08	1.10	2.79	1.04
Consumption of Alcohol	0.85	0.55	0.82	0.53	0.68	0.42	0.71	0.43	0.69	0.42
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	2.54	1.75	2.46	1.62	3.33	3.04	3.69	3.42	3.48	3.22
Education	0.89	0.83	0.85	0.78	1.27	1.17	1.30	1.20	1.28	1.17
Employment	2.65	1.43	2.76	1.48	1.48	1.18	1.38	1.07	1.44	1.14

(continued)

Table 4.12b Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 12 to 17) (continued)

	12 to 17									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	2.16	1.90	2.17	1.88	1.92	1.73	1.88	1.62	1.90	1.67
Proxy Information/ Decision	1.01	0.77	1.06	0.80	0.90	0.78	1.18	0.82	1.01	0.78
Proxy Tutorial	N/A	N/A	N/A	N/A	2.04	2.25	0.00	0.00	1.60	0.00
Health Insurance**	1.40	1.28	1.40	1.27	1.73	1.53	1.83	1.68	1.77	1.58
Income	3.90	3.47	3.67	3.27	3.35	2.95	3.36	2.90	3.35	2.93
Verification	3.23	2.75	3.53	2.98	3.15	2.78	3.40	2.78	3.25	2.78
Administrative Residual	0.55	N/A	0.35	N/A	0.12	N/A	0.12	N/A	0.12	N/A
Overall Questionnaire	60.83	58.68	61.97	59.28	59.02	56.85	58.84	56.35	58.95	56.60

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.10a*** to ***4.10f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25)

	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.67	1.57	1.59	1.52	1.36	1.42	1.33	1.33	1.35	1.40
Core Demographics	2.17	1.82	2.11	1.78	1.85	1.58	2.01	1.59	1.92	1.58
Calendar	1.65	1.48	1.63	1.48	0.95	0.92	0.94	0.88	0.94	0.90
Beginning ACASI	2.30	2.12	2.27	2.07	2.17	2.03	2.10	1.91	2.14	1.98
Tutorial	3.04	2.85	3.03	2.82	2.73	2.63	2.73	2.50	2.73	2.58
Total Core Substances	11.96	10.82	11.77	10.57	12.36	11.02	11.07	9.83	11.80	10.58
Tobacco	2.58	2.28	2.65	2.37	2.36	2.06	2.11	1.93	2.25	1.98
Alcohol	2.51	2.25	2.48	2.22	2.37	2.17	2.19	2.02	2.29	2.12
Marijuana	0.82	0.70	0.82	0.70	0.81	0.70	0.77	0.65	0.79	0.67
Cocaine and Crack	0.76	0.58	0.76	0.62	0.76	0.65	0.68	0.62	0.73	0.63
Heroin	0.53	0.39	0.62	0.44	0.53	0.35	0.56	0.32	0.54	0.33
Hallucinogens	1.43	1.20	1.48	1.23	1.77	1.45	1.58	1.33	1.69	1.43
Inhalants	1.48	1.25	1.44	1.20	1.50	1.37	1.68	1.20	1.57	1.27
Methamphetamine	N/A	N/A	N/A	N/A	0.43	0.40	0.80	0.55	0.55	0.43
Total Prescription Drugs	6.13	5.62	6.02	5.43	5.95	5.08	5.18	4.45	5.63	4.78
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	1.91	1.73	1.86	1.60	1.89	1.68
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.69	0.57	0.65	0.55	0.67	0.57
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.69	0.62	0.71	0.60	0.70	0.60
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.58	0.53	0.56	0.48	0.57	0.52
Pain Relievers (screener plus main module)	2.95	2.68	2.91	2.63	3.20	2.60	2.78	2.32	3.03	2.47
Tranquilizers (screener plus main module)	1.74	1.55	1.70	1.50	2.11	1.55	1.73	1.47	1.97	1.50
Stimulants (screener plus main module)	1.89	1.70	1.85	1.65	1.97	1.50	1.69	1.38	1.86	1.40
Sedatives (screener plus main module)	1.85	1.62	1.75	1.52	1.24	0.94	0.90	0.78	1.12	0.88

(continued)

Table 4.12c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	20.32	18.63	21.43	19.63	17.83	16.47	16.98	15.64	17.46	16.32
Special Drugs	1.47	1.32	1.45	1.28	0.49	0.43	0.48	0.42	0.49	0.43
Risk/Availability	2.61	2.37	2.58	2.33	2.36	2.15	2.34	2.12	2.35	2.13
Blunts	0.52	0.44	0.62	0.55	0.56	0.48	0.57	0.53	0.56	0.50
Substance Dependence and Abuse	3.95	3.23	3.84	3.12	3.83	3.03	3.40	2.92	3.65	2.98
Market Information for Marijuana	1.44	1.33	1.43	1.33	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.62	1.32	1.55	1.25	1.30	1.12	1.23	1.03	1.27	1.10
Special Topics, Drug Treatment	1.63	1.33	1.59	1.30	1.56	1.27	1.42	1.19	1.50	1.21
Health Care	1.04	0.90	2.50	2.27	2.19	2.05	2.15	1.98	2.18	2.02
Adult Mental Health Service Utilization	2.03	1.75	1.99	1.68	1.85	1.55	1.87	1.66	1.86	1.57
Social Environment	1.32	1.18	1.28	1.15	1.03	0.98	1.04	0.93	1.03	0.95
Parenting Experiences	2.88	2.25	2.13	1.73	1.61	1.61	N/A	N/A	1.61	1.61
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	3.23	2.93	3.13	2.83	2.95	2.73	2.83	2.52	2.90	2.65
Adult Depression	2.89	1.18	2.85	1.18	2.80	1.23	2.64	1.31	2.73	1.25
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.82	0.68	0.79	0.65	0.62	0.52	0.57	0.47	0.60	0.50
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.80	5.67	5.68	5.53	3.84	3.58	4.17	3.91	3.98	3.68
Education	0.67	0.55	0.64	0.52	0.74	0.65	0.74	0.65	0.74	0.65
Employment	4.70	4.68	4.67	4.63	1.86	1.73	1.74	1.54	1.81	1.67

(continued)

Table 4.12c Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 18 to 25) (continued)

	18 to 25									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.58	1.35	1.60	1.35	1.45	1.24	1.92	1.35	1.65	1.30
Proxy Information/ Decision	0.40	0.25	0.45	0.27	0.53	0.42	0.47	0.35	0.50	0.38
Proxy Tutorial	N/A	N/A	N/A	N/A	0.31	0.00	0.01	0.00	0.19	0.00
Health Insurance**	1.42	1.33	1.40	1.32	1.39	1.25	1.38	1.18	1.39	1.22
Income	3.61	3.20	3.49	3.12	2.58	2.37	2.77	2.25	2.66	2.32
Verification	3.05	2.67	3.36	2.88	3.30	2.93	3.13	2.87	3.23	2.89
Administrative Residual	0.63	N/A	0.37	N/A	0.15	N/A	0.16	N/A	0.15	N/A
Overall Questionnaire	59.37	56.45	59.93	56.75	52.47	50.23	51.59	48.41	52.09	49.52

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.10a*** to ***4.10f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29)

	26 to 29									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.81	1.60	1.68	1.52	1.59	1.40	1.47	1.37	1.53	1.38
Core Demographics	2.35	1.93	2.34	1.93	2.05	1.60	2.01	1.60	2.03	1.60
Calendar	1.67	1.48	1.64	1.47	1.06	1.05	1.09	1.10	1.07	1.08
Beginning ACASI	2.35	2.12	2.31	2.08	2.09	1.92	2.01	1.82	2.05	1.88
Tutorial	3.42	3.17	3.40	3.15	2.99	2.87	3.14	2.95	3.06	2.90
Total Core Substances	12.67	11.40	12.57	11.20	13.16	11.46	13.36	11.98	13.25	11.68
Tobacco	2.47	2.15	2.54	2.20	2.32	1.98	2.23	2.00	2.28	1.98
Alcohol	2.59	2.30	2.60	2.30	2.44	2.22	2.43	2.27	2.44	2.23
Marijuana	0.64	0.48	0.64	0.48	0.68	0.52	0.68	0.50	0.68	0.50
Cocaine and Crack	0.66	0.52	0.63	0.52	0.62	0.52	0.67	0.55	0.64	0.53
Heroin	0.45	0.30	0.48	0.28	0.57	0.27	0.35	0.28	0.45	0.28
Hallucinogens	1.27	1.10	1.24	1.07	1.53	1.27	1.62	1.38	1.58	1.30
Inhalants	1.40	1.18	1.37	1.18	1.54	1.34	1.56	1.35	1.55	1.34
Methamphetamine	N/A	N/A	N/A	N/A	0.40	0.30	0.50	0.32	0.45	0.32
Total Prescription Drugs	6.48	5.85	6.48	5.82	5.85	5.03	5.90	5.18	5.87	5.08
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.21	1.97	2.23	1.92	2.22	1.95
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	0.84	0.70	0.84	0.68	0.84	0.70
Stimulants (Screener)	N/A	N/A	N/A	N/A	0.88	0.75	0.85	0.72	0.86	0.73
Sedatives (Screener)	N/A	N/A	N/A	N/A	0.74	0.63	0.76	0.63	0.75	0.63
Pain Relievers (screener plus main module)	3.03	2.70	3.06	2.73	3.07	2.62	3.07	2.57	3.07	2.60
Tranquilizers (screener plus main module)	1.84	1.62	1.78	1.57	1.49	1.16	1.56	1.26	1.52	1.22
Stimulants (screener plus main module)	1.92	1.68	1.94	1.68	1.27	1.15	1.32	1.14	1.29	1.14
Sedatives (screener plus main module)	1.85	1.53	1.91	1.65	1.18	0.99	1.18	0.89	1.18	0.96

(continued)

Table 4.12d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29) (continued)

	26 to 29									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	22.42	20.35	24.20	21.95	20.17	18.65	20.34	18.63	20.25	18.64
Special Drugs	1.64	1.43	1.63	1.40	0.57	0.50	0.61	0.52	0.58	0.52
Risk/Availability	3.05	2.73	3.08	2.73	2.73	2.48	2.80	2.60	2.76	2.52
Blunts	0.47	0.42	0.54	0.47	0.50	0.45	0.55	0.47	0.52	0.47
Substance Dependence and Abuse	3.62	2.87	3.62	2.83	3.58	2.87	3.58	2.67	3.58	2.80
Market Information for Marijuana	1.58	1.45	1.57	1.42	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.76	1.43	1.74	1.40	1.44	1.23	1.38	1.20	1.41	1.23
Special Topics, Drug Treatment	1.85	1.50	1.88	1.48	1.79	1.45	1.75	1.43	1.77	1.45
Health Care	1.29	1.10	2.98	2.63	2.58	2.33	2.48	2.37	2.53	2.34
Adult Mental Health Service Utilization	2.24	1.90	2.15	1.83	2.17	1.86	2.10	1.82	2.14	1.85
Social Environment	1.48	1.30	1.44	1.27	1.21	1.07	1.20	1.10	1.21	1.08
Parenting Experiences	2.61	2.20	2.54	2.13	2.34	1.88	2.63	2.15	2.47	2.06
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	3.74	3.37	3.65	3.25	3.52	3.08	3.51	3.23	3.51	3.17
Adult Depression	3.49	1.58	3.49	1.65	3.44	1.86	3.29	1.68	3.37	1.77
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.69	0.60	0.69	0.60	0.53	0.48	0.52	0.50	0.52	0.48
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.64	5.45	5.42	5.27	4.02	3.68	4.45	4.10	4.21	3.92
Education	0.24	0.13	0.22	0.13	0.59	0.47	0.64	0.57	0.62	0.52
Employment	5.05	4.93	4.91	4.80	2.19	2.02	2.00	1.83	2.11	1.94

(continued)

Table 4.12d Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 26 to 29) (continued)

	26 to 29									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.49	1.27	1.46	1.23	1.33	1.17	1.38	1.15	1.35	1.17
Proxy Information/ Decision	0.31	0.22	0.34	0.23	0.40	0.35	0.45	0.33	0.43	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.16	0.00	0.00	0.00	0.09	0.00
Health Insurance**	1.35	1.23	1.35	1.22	1.40	1.23	1.40	1.23	1.40	1.23
Income	3.49	3.03	3.38	2.95	2.91	2.48	2.56	2.27	2.75	2.40
Verification	3.04	2.57	3.31	2.73	3.20	2.75	3.17	2.67	3.19	2.73
Administrative Residual	0.92	N/A	0.44	N/A	0.12	N/A	0.19	N/A	0.16	N/A
Overall Questionnaire	62.94	59.39	63.81	59.63	56.59	53.52	57.03	53.92	56.79	53.63

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.10a*** to ***4.10f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64)

	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.95	1.68	1.90	1.57	1.72	1.49	1.67	1.35	1.70	1.43
Core Demographics	2.45	1.97	2.57	2.02	2.22	1.83	2.19	1.70	2.21	1.77
Calendar	1.73	1.52	1.73	1.48	1.40	1.48	1.31	1.38	1.36	1.45
Beginning ACASI	2.58	2.30	2.54	2.20	2.42	2.08	2.49	2.13	2.45	2.08
Tutorial	4.15	4.08	4.12	4.02	4.31	4.19	4.08	3.95	4.21	4.08
Total Core Substances	14.53	13.08	14.35	12.88	16.71	14.85	15.47	13.53	16.15	14.11
Tobacco	2.80	2.35	2.78	2.40	2.86	2.33	2.37	2.14	2.64	2.23
Alcohol	2.92	2.68	2.87	2.63	3.04	2.63	2.62	2.48	2.85	2.53
Marijuana	0.70	0.53	0.71	0.53	0.71	0.63	0.73	0.62	0.72	0.62
Cocaine and Crack	0.72	0.58	0.75	0.60	0.63	0.58	0.72	0.63	0.67	0.60
Heroin	0.38	0.33	0.45	0.35	0.33	0.34	0.38	0.47	0.35	0.37
Hallucinogens	1.46	1.25	1.49	1.30	1.81	1.64	1.84	1.63	1.83	1.63
Inhalants	1.62	1.36	1.83	1.40	2.09	1.80	1.92	1.55	2.01	1.65
Methamphetamine	N/A	NA	N/A	N/A	0.57	0.38	0.39	0.37	0.46	0.38
Total Prescription Drugs	7.42	6.77	7.50	6.58	7.45	6.35	7.30	5.92	7.38	6.13
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	2.92	2.41	2.79	2.20	2.86	2.28
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.17	0.97	1.14	0.87	1.16	0.90
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.23	0.93	1.21	0.93	1.22	0.93
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.12	0.86	1.06	0.77	1.09	0.83
Pain Relievers (screener plus main module)	3.34	2.99	3.48	3.06	3.70	3.13	3.69	2.96	3.69	3.07
Tranquilizers (screener plus main module)	2.16	1.95	2.19	1.94	1.75	1.53	1.60	1.37	1.67	1.41
Stimulants (screener plus main module)	2.16	1.97	2.40	2.08	1.98	1.38	1.41	1.20	1.68	1.26
Sedatives (screener plus main module)	1.73	1.43	1.81	1.59	1.59	1.37	1.56	1.10	1.57	1.25

(continued)

Table 4.12e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	24.43	22.00	26.71	24.15	22.47	20.63	21.66	20.20	22.10	20.28
Special Drugs	1.80	1.58	1.84	1.60	0.66	0.62	0.66	0.57	0.66	0.58
Risk/Availability	3.55	3.18	3.62	3.22	3.49	3.22	3.26	2.85	3.39	3.12
Blunts	0.63	0.52	0.69	0.59	0.78	0.63	0.84	0.78	0.81	0.73
Substance Dependence and Abuse	3.61	2.82	3.52	2.78	3.98	3.10	3.69	2.87	3.85	3.08
Market Information for Marijuana	1.82	1.68	1.74	1.47	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.91	1.57	1.92	1.60	1.63	1.44	1.49	1.37	1.57	1.40
Special Topics, Drug Treatment	2.02	1.65	2.03	1.65	1.93	1.63	1.80	1.50	1.87	1.57
Health Care	1.76	1.50	3.83	3.43	3.54	3.27	3.06	2.88	3.32	3.12
Adult Mental Health Service Utilization	2.74	2.33	2.67	2.20	2.48	2.11	2.40	2.17	2.44	2.15
Social Environment	1.71	1.50	1.68	1.48	1.51	1.40	1.46	1.28	1.49	1.35
Parenting Experiences	2.81	2.46	2.57	2.28	2.85	2.68	2.75	2.72	2.79	2.68
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	4.53	4.10	4.42	3.95	4.17	3.64	4.38	4.05	4.27	3.80
Adult Depression	4.16	1.67	4.15	1.95	3.56	1.66	3.41	1.70	3.48	1.68
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.74	0.65	0.73	0.65	0.74	0.57	0.55	0.52	0.65	0.55
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	5.24	5.13	4.96	4.93	4.58	4.17	4.81	4.52	4.69	4.32
Education	0.19	0.12	0.18	0.12	0.67	0.55	0.75	0.63	0.71	0.58
Employment	4.76	4.75	4.64	4.68	2.48	2.29	2.08	2.03	2.30	2.15

(continued)

Table 4.12e Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 50 to 64) (continued)

	50 to 64									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	1.14	0.92	1.07	0.85	1.09	0.97	1.31	0.78	1.19	0.90
Proxy Information/ Decision	0.32	0.22	0.32	0.23	0.50	0.38	0.41	0.30	0.46	0.35
Proxy Tutorial	N/A	N/A	N/A	N/A	0.19	0.00	0.00	0.00	0.10	0.00
Health Insurance**	1.38	1.23	1.45	1.22	1.71	1.50	1.62	1.42	1.67	1.45
Income	3.51	3.03	3.41	2.93	3.34	3.01	3.22	2.63	3.29	2.83
Verification	3.34	2.70	3.44	2.88	3.85	2.95	3.59	2.82	3.73	2.90
Administrative Residual	1.03	N/A	0.50	N/A	0.17	N/A	0.17	N/A	0.17	N/A
Overall Questionnaire	67.76	63.78	69.19	64.98	66.76	62.60	64.55	62.22	65.76	62.33

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.10a*** to ***4.10f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.12f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older)

	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Introduction	1.94	1.70	1.90	1.67	1.73	1.57	2.05	1.73	1.88	1.65
Core Demographics	2.70	2.18	2.95	2.50	2.66	2.30	2.65	2.04	2.66	2.27
Calendar	1.86	1.62	1.81	1.57	1.53	1.57	1.61	1.63	1.57	1.60
Beginning ACASI	3.02	2.67	2.95	2.55	2.91	2.32	2.89	2.56	2.90	2.50
Tutorial	4.88	4.75	4.90	4.70	5.37	5.13	5.32	4.83	5.35	4.95
Total Core Substances	17.52	15.95	17.42	15.68	22.37	19.56	22.90	19.27	22.61	19.52
Tobacco	3.38	2.98	3.45	3.07	3.02	2.46	3.13	2.62	3.07	2.58
Alcohol	3.48	3.18	3.54	3.18	3.83	3.75	3.70	3.43	3.77	3.50
Marijuana	0.86	0.72	0.93	0.73	1.09	0.80	0.90	0.80	1.00	0.80
Cocaine and Crack	0.78	0.68	1.15	0.78	1.09	0.88	0.61	0.55	0.92	0.78
Heroin	0.72	0.37	0.72	0.72	0.39	0.39	0.23	0.23	0.34	0.32
Hallucinogens	2.02	1.43	2.21	1.52	2.02	2.25	1.65	1.36	1.79	1.58
Inhalants	2.32	2.03	3.50	1.77	1.66	1.66	2.17	2.16	2.00	1.93
Methamphetamine	N/A	N/A	N/A	N/A	0.53	0.42	0.47	0.37	0.49	0.41
Total Prescription Drugs	9.49	8.36	9.79	8.62	10.77	8.83	10.75	9.04	10.76	8.94
Pain Relievers (Screener)	N/A	N/A	N/A	N/A	4.27	3.05	4.32	3.31	4.29	3.15
Tranquilizers (Screener)	N/A	N/A	N/A	N/A	1.68	1.27	1.95	1.26	1.80	1.27
Stimulants (Screener)	N/A	N/A	N/A	N/A	1.69	1.27	1.89	1.29	1.78	1.27
Sedatives (Screener)	N/A	N/A	N/A	N/A	1.60	1.25	1.78	1.21	1.68	1.22
Pain Relievers (screener plus main module)	4.40	4.01	4.62	3.94	5.46	4.17	4.91	4.32	5.21	4.22
Tranquilizers (screener plus main module)	3.43	2.90	3.00	2.83	2.61	2.08	2.99	1.88	2.78	1.97
Stimulants (screener plus main module)	2.96	2.40	2.63	2.33	2.86	2.15	2.32	2.07	2.60	2.15
Sedatives (screener plus main module)	2.61	1.80	2.95	2.62	2.66	2.27	2.46	2.12	2.57	2.19

(continued)

Table 4.12f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older) (continued)

	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Special Drugs to Consumption of Alcohol	27.02	24.82	29.39	27.03	26.73	24.08	27.15	25.80	26.93	24.48
Special Drugs	2.09	1.90	2.08	1.87	0.75	0.67	0.77	0.65	0.76	0.67
Risk/Availability	4.64	4.07	4.51	3.98	4.34	3.85	4.42	4.08	4.38	3.90
Blunts	0.64	0.53	0.75	0.67	0.84	0.64	1.07	1.02	0.95	0.78
Substance Dependence and Abuse	3.54	2.98	3.50	2.93	3.67	2.90	3.34	2.82	3.51	2.85
Market Information for Marijuana	2.34	1.57	1.86	1.80	N/A	N/A	N/A	N/A	N/A	N/A
Prior Substance Use	1.76	1.45	1.77	1.40	1.84	1.47	1.66	1.56	1.75	1.50
Special Topics, Drug Treatment	2.23	1.92	2.17	1.87	2.35	1.95	2.17	2.02	2.27	1.98
Health Care	2.52	2.17	5.25	4.65	4.76	4.35	5.38	4.38	5.05	4.35
Adult Mental Health Service Utilization	3.54	2.87	3.48	2.80	3.47	3.19	3.26	2.67	3.35	2.83
Social Environment	2.28	2.02	2.23	1.97	1.94	1.77	1.98	1.73	1.96	1.77
Parenting Experiences	3.88	3.63	4.10	3.48	4.80	4.80	2.80	2.80	4.13	4.00
Youth Experiences	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Mental Health	5.98	5.35	5.65	5.07	5.66	4.93	5.60	5.18	5.63	5.02
Adult Depression	3.87	1.35	3.75	1.35	2.58	1.07	3.54	1.23	3.05	1.08
Youth Mental Health Service Utilization	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Adolescent Depression	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Consumption of Alcohol	0.85	0.72	0.82	0.72	0.80	0.68	0.73	0.67	0.77	0.68
Back-End Demographics (Moves, Born in U.S., Disability, Education and Employment)	3.00	1.83	2.67	1.65	4.94	4.40	5.77	4.93	5.33	4.58
Education	0.16	0.12	0.16	0.12	0.90	0.68	0.92	0.78	0.91	0.75
Employment	2.55	1.38	2.40	1.35	2.09	1.75	2.04	1.47	2.07	1.63

(continued)

Table 4.12f Overall and Module Mean/Median Timing Data for English-Language Interviews from Non-Hispanic Respondents in the 2012 Main Study, Q3-Q4 2013 Main Study, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal in Minutes (Affirmative Gate Respondents Aged 65 or Older) (continued)

	65 or Older									
	2012 Main Study		Q3-Q4 2013 Main Study		QFT		DR		Combined QFT and Dress Rehearsal	
Questionnaire Module	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**	**Mean**	**Median**
Household Roster	0.91	0.67	0.80	0.60	0.95	0.75	0.72	0.61	0.84	0.68
Proxy Information/ Decision	0.31	0.20	0.36	0.20	0.48	0.42	0.71	0.31	0.59	0.37
Proxy Tutorial	N/A	N/A	N/A	N/A	0.33	0.00	0.00	0.00	0.18	0.00
Health Insurance**	1.50	1.30	1.48	1.28	2.15	1.95	1.92	1.71	2.05	1.82
Income	3.83	3.32	3.66	3.17	4.41	3.90	4.25	3.48	4.33	3.68
Verification	3.93	3.10	3.96	3.20	4.06	3.18	4.83	3.41	4.42	3.30
Administrative Residual	0.98	N/A	0.55	N/A	0.18	N/A	0.15	N/A	0.16	N/A
Overall Questionnaire	73.32	69.43	74.70	70.13	80.47	74.62	82.60	77.01	81.45	75.32

ACASI = audio computer-assisted self-interviewing; DR = Dress Rehearsal; N/A = not applicable; Q = quarter; QFT = Questionnaire Field Test.

** QFT and DR timings for the health insurance module included two additional variables (HINSINT and TOPROXY) whose mean administration times ranged from .26 to .39 minutes.

NOTE: Analysis excludes extreme records that have an interview length of less than 30 minutes or more than 240 minutes.

NOTE: Some module rows are shown in bold for consistency with ***Tables 4.10a*** to ***4.10f*** for all respondents. However, mean affirmative gate timings in this table for modules in bold are not necessarily mutually exclusive and are not intended to sum to the overall mean questionnaire or section timing.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

4.5.3 Detailed Interview Timing Data for Selected Modules from the 2012 and 2013 Quarters 3 and 4 Comparison Data and the 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data

Administration times for the 2012 and 2013 quarters 3 and 4 comparison samples and the DR were calculated according to standard timing data calculation procedures for a number of specific questionnaire sections. ***Tables 4.13a*** through ***4.13x*** present unweighted overall DR timing results and results for selected modules for all non-Hispanic respondents who opted to take the interview in English and for five separate age groups.[19] Overall DR timing data for interviews conducted in Spanish are included in ***Table 4.13a*** as well. Timing results by age group for each section are presented in separate tables for the DR interviews, the 2012 comparison interviews, and the 2013 quarters 3 and 4 comparison interviews. For each age group category, these tables provide the number of interviews, the number of extreme or missing records, summary statistics, quartiles, percentiles, and the highest and lowest extreme cases. Respondents with an overall interview administration time of less than 30 minutes or greater than 240 minutes were classified as outliers and were excluded from these timing results.

As noted in ***Section 4.5.1.1***, the partially redesigned DR instrument took less than 60 minutes on average to administer among English-speaking respondents aged 12 or older, as shown in ***Table 4.10a***. Examining English-speaking timing data within age groups reveals that respondents aged 65 or older experienced the longest average administration times among all age groups, with an overall mean of more than 82 minutes. The difference between the timings for the 65 or older group and the younger age groups was greater than other differences between groups, indicating that the burden increased for that age group.

Respondents aged 50 to 64 also had a mean administration time that was considerably higher than the mean for all DR English-speaking respondents. Mean interview timings for respondents aged 12 to 17 were similar to the overall mean for DR respondents, while the average times for respondents aged 18 to 25 and those aged 26 to 49 were lower than the overall mean for DR respondents. The overall timing patterns across age groups for DR respondents were rather consistent with the patterns for the 2012 comparison data interviews and the 2013 quarters 3 and 4 comparison interviews, as shown in ***Tables 4.10b*** through ***4.10e***.

Tables 4.13f through ***4.13h*** provide timing results for the tobacco module for respondents who answered the question LEADCIG in the DR interviews, the 2012 comparison interviews, and the 2013 quarters 3 and 4 comparison interviews. One difference between the DR questionnaire and the 2011 and 2012 quarters 3 and 4 questionnaire was that questions about chewing tobacco and snuff were combined in the tobacco module for the QFT questionnaire. This change was intended to increase efficiency in collecting age at first use, recency, and frequency of smokeless tobacco use. In addition, this section in the DR questionnaire no longer collected data on the brand of smokeless tobacco that the respondent has used. As expected, the efficiencies produced by these changes to the DR questionnaire resulted in a slightly lower mean timing for this module among DR respondents (1.77 minutes) compared with the 2012 comparison respondents (1.98 minutes) and the 2013 quarters 3 and 4 comparison respondents

[19] To aid in their readability, ***Tables 4.13a*** through ***4.13x*** appear together at the end of this discussion in ***Section 4.5.3***.

(1.93 minutes). Because of the limitations with small sample sizes, these module-specific timing data are only presented for non-Hispanic respondents who opted to take the interview in English. Discussions of individual module timings in the next paragraphs are limited to this English-speaking non-Hispanic subsample.

As ***Tables 4.13i*** through ***4.13l*** indicate, older respondents generally took more time than younger respondents to complete the four prescription drug module screeners—pain relievers, tranquilizers, stimulants, and sedatives. The screeners included in the DR questionnaire asked respondents to report any past year use of prescription pain relievers, tranquilizers, stimulants, and sedatives. These screener questions then asked respondents to report all use of drugs in each category, both those that were prescribed and those that were misused. The mean pain relievers screener administration time was nearly 2½ minutes, which was the longest of the four screeners. Because the prescription drug screeners were new in the redesign, timing data for these sections cannot be compared with the 2012 and 2013 quarters 3 and 4 comparison interviews.

In the DR instrument, the four prescription drug main modules followed the screeners and asked, for each drug used in the past year, whether respondents misused any of them. Respondents who reported never using a particular class of drug in the past year skipped the main module and were excluded from the timing data for the four prescription drug main modules presented in ***Tables 4.13m*** through ***4.13x***. These tables provide timing results for the prescription drug main modules for the DR interviews, 2012 comparison interviews, and 2013 quarters 3 and 4 comparison interviews. Among DR respondents who answered questions in the pain reliever, tranquilizer, and stimulant main modules, those aged 50 to 64 had the longest mean administration times (***Tables 4.13m***, ***4.13n***, and ***4.13o***), although this timing was almost identical to the timing for the 65 or older age group. This finding was similar to the timing of the 2012 and 2013 quarters 3 and 4 comparison samples, where respondents aged 65 or older generally had the longest mean administration times for these prescription drug modules among all age groups (***Tables 4.13p*** through ***4.13u***), followed by those in the 50 to 64 age group. For the sedatives main module, respondents aged 65 or older had the longest mean administration times among all age groups for the DR interviews, 2012 comparison interviews, and 2013 quarters 3 and 4 comparison interviews (***Tables 4.13v***, ***4.13w***, and ***4.13x***). Overall, excluding the new prescription drug screeners, the mean timings for each of the four prescription drug main modules were lower for the DR respondents than for the 2012 and 2013 quarters 3 and 4 comparison respondents.

4.6 Other Data Quality Indicators

4.6.1 Overview of Other Data Quality Indicators

Examination of other data quality indicators for the DR focused on the following:

- choosing "other" responses for which respondents subsequently were asked to specify a written response (i.e., "OTHER, Specify" data), such as other sources of prescription psychotherapeutic drugs; and
- potential patterned responses in answers to the screening questions for past year prescription drug use or to the questions for past year misuse.

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

Table 4.13a Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: All Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	2,020	498	494	713	184	131
Extreme/Missing Records*	55	6	30	16	3	0
Summary Statistics (Minutes)						
Mean	61.77	60.00	54.06	61.96	68.42	87.25
Variance	494.57	254.52	277.58	538.11	522.26	1017.78
Standard Deviation	22.24	15.95	16.66	23.20	22.85	31.90
Quartiles						
Maximum	221.80	137.67	160.83	175.50	142.43	221.80
Q3	71.18	68.77	62.98	70.57	81.79	106.10
Median	57.33	57.41	51.17	56.85	63.33	82.08
Q1	46.69	48.73	41.75	45.70	50.65	62.13
Minimum	30.00	31.98	30.00	30.05	30.03	32.82
Mode	51.05	48.47	34.92	46.07	42.30	85.95
Range	191.80	105.68	130.83	145.45	112.40	188.98
Percentiles						
99%	137.67	110.55	100.67	140.92	132.88	199.07
95%	104.96	90.25	84.95	106.57	116.58	143.88
90%	90.23	79.42	77.35	90.82	101.22	124.63
10%	38.88	42.30	35.90	38.35	43.52	55.42
5%	35.47	38.97	33.02	34.45	40.57	47.48
1%	31.00	33.12	30.25	31.00	31.40	38.03
Extremes						
5 Highest (Highest)	221.80	137.67	160.83	175.50	142.43	221.80
	199.07	137.40	121.25	163.45	132.88	199.07
	175.50	130.57	109.53	162.67	129.38	165.22
	165.22	111.90	107.78	162.07	125.30	160.35
	163.45	110.55	100.67	161.87	124.90	158.48
5 Lowest	30.12	33.12	30.25	30.87	35.67	40.93
	30.10	32.92	30.15	30.75	34.97	40.23
	30.05	32.88	30.12	30.53	34.35	38.05
	30.03	32.60	30.10	30.28	31.40	38.03
(Lowest)	30.00	31.98	30.00	30.05	30.03	32.82

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13b Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	59.24	58.84	51.59	57.03	64.55	82.60
Variance	400.24	258.65	226.57	339.76	368.57	781.46
Standard Deviation	20.01	16.08	15.05	18.43	19.20	27.95
Quartiles						
Maximum	199.07	137.67	107.78	161.87	129.38	199.07
Q3	67.65	65.70	59.99	65.55	74.60	99.58
Median	55.60	56.35	48.41	53.92	62.22	77.01
Q1	45.38	48.12	40.68	44.33	49.85	60.63
Minimum	30.00	31.98	30.00	30.53	30.03	32.82
Mode	54.42	40.40	44.85	46.07	42.30	85.95
Range	169.07	105.68	77.78	131.33	99.35	166.25
Percentiles						
99%	124.70	130.57	94.00	116.67	120.27	160.35
95%	98.63	90.07	80.62	91.42	101.58	124.70
90%	84.03	76.22	74.55	78.62	90.15	117.30
10%	38.27	42.30	34.68	37.43	42.48	53.65
5%	34.45	40.02	31.73	33.40	40.53	47.42
1%	30.82	32.92	30.12	31.00	31.40	38.03
Extremes						
5 Highest (Highest)	199.07	137.67	107.78	161.87	129.38	199.07
	161.87	137.40	96.60	140.92	120.27	160.35
	160.35	130.57	94.00	132.30	114.35	147.88
	147.88	111.90	92.03	122.00	109.85	139.78
	140.92	110.55	90.23	116.67	109.47	129.12
5 Lowest	30.15	33.58	30.25	31.00	37.82	40.93
	30.12	33.20	30.15	30.98	34.97	40.23
	30.10	32.92	30.12	30.87	34.35	38.05
	30.03	32.88	30.10	30.75	31.40	38.03
(Lowest)	30.00	31.98	30.00	30.53	30.03	32.82

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13c Overall Interview Timing Data for the Dress Rehearsal Protocol in Minutes, in Total and by Age Groups: Spanish-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	183	37	17	99	18	12
Extreme/Missing Records*	1	0	1	0	0	0
Summary Statistics (Minutes)						
Mean	83.94	65.57	77.04	86.64	96.17	109.71
Variance	902.41	322.38	793.00	913.84	787.87	1120.24
Standard Deviation	30.04	17.95	28.16	30.23	28.07	33.47
Quartiles						
Maximum	175.50	108.98	160.83	175.50	142.43	165.22
Q3	98.73	75.97	80.25	101.67	117.30	139.99
Median	79.32	63.40	72.18	85.17	94.75	100.19
Q1	62.12	53.87	63.83	63.82	72.82	88.68
Minimum	33.12	33.12	46.87	34.60	48.92	61.58
Mode	72.82			68.67		
Range	142.38	75.87	113.97	140.90	93.52	103.63
Percentiles						
99%	165.22	108.98	160.83	175.50	142.43	165.22
95%	142.43	100.08	160.83	147.68	142.43	165.22
90%	129.23	91.20	121.25	129.72	132.88	143.88
10%	50.30	43.95	46.88	50.48	61.17	65.13
5%	45.17	36.73	46.87	45.07	48.92	61.58
1%	34.60	33.12	46.87	34.60	48.92	61.58
Extremes						
5 Highest (Highest)	175.50	108.98	160.83	175.50	142.43	165.22
	165.22	100.08	121.25	163.45	132.88	143.88
	163.45	97.08	94.02	162.67	125.30	143.85
	162.67	91.20	85.57	162.07	124.90	136.13
	162.07	89.40	80.25	147.68	117.30	131.80
5 Lowest	38.87	46.00	63.83	45.07	72.82	91.20
	38.87	43.95	58.87	42.02	63.80	90.50
	36.73	38.87	51.15	40.55	61.48	86.87
	34.60	36.73	46.88	38.87	61.17	65.13
(Lowest)	33.12	33.12	46.87	34.60	48.92	61.58

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13d Overall Interview Timing Data for the 2012 Comparison Protocol in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	60.69	59.78	58.24	60.88	66.53	72.79
Variance	292.19	229.39	252.37	303.67	398.87	498.31
Standard Deviation	17.09	15.15	15.89	17.43	19.97	22.32
Quartiles						
Maximum	237.43	237.43	229.95	234.93	228.65	219.15
Q3	68.95	67.60	66.13	69.53	75.84	84.90
Median	57.87	57.73	55.58	57.93	63.13	68.97
Q1	48.93	49.35	47.25	48.73	53.07	56.98
Minimum	30.00	30.12	30.00	30.03	30.17	31.50
Mode	54.55	50.87	49.10	57.40	62.38	59.20
Range	207.43	207.32	199.95	204.90	198.48	187.65
Percentiles						
99%	115.67	105.75	108.75	115.90	130.78	140.08
95%	91.53	86.23	87.17	93.07	102.45	111.77
90%	81.98	78.68	78.22	82.78	90.83	100.98
10%	42.50	43.25	41.13	42.23	45.58	48.53
5%	39.10	39.80	37.87	38.88	41.93	44.02
1%	34.07	34.62	33.32	34.02	35.90	36.85
Extremes						
5 Highest (Highest)	237.43	237.43	229.95	234.93	228.65	219.15
	234.93	225.62	216.07	227.67	222.73	218.47
	229.95	221.42	187.40	214.20	215.97	218.40
	228.65	215.20	186.87	204.18	213.45	217.73
	227.67	197.30	186.50	195.47	203.93	209.65
5 Lowest	30.07	30.43	30.12	30.33	32.05	33.07
	30.05	30.43	30.07	30.28	30.80	32.43
	30.03	30.28	30.07	30.20	30.75	31.97
	30.02	30.12	30.02	30.05	30.27	31.67
(Lowest)	30.00	30.12	30.00	30.03	30.17	31.50

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13e Overall Interview Timing Data for the 2013 Comparison Protocol in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,610	9,532	9,240	6,403	2,122	1,313
Extreme/Missing Records*	122	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	62.03	61.58	59.26	62.26	67.88	74.14
Variance	352.37	290.86	311.89	372.32	454.23	565.33
Standard Deviation	18.77	17.05	17.66	19.30	21.31	23.78
Quartiles						
Maximum	238.67	238.67	215.98	232.70	233.08	235.87
Q3	70.25	69.43	66.82	70.97	76.87	85.98
Median	58.75	58.93	56.28	58.68	64.35	69.60
Q1	49.63	50.25	47.58	49.38	53.73	58.48
Minimum	30.00	30.03	30.03	30.00	30.15	30.63
Mode	50.27	46.20	50.27	54.78	71.00	70.00
Range	208.67	208.63	185.95	202.70	202.93	205.23
Percentiles						
99%	127.97	121.40	120.45	129.73	140.98	156.00
95%	94.85	90.07	90.08	96.35	107.15	116.97
90%	84.05	80.90	80.47	85.40	92.02	99.70
10%	42.97	44.10	41.18	42.63	46.38	49.63
5%	39.35	40.57	37.78	38.97	42.55	45.23
1%	33.87	34.62	32.98	33.78	36.57	37.10
Extremes						
5 Highest (Highest)	238.67	238.67	215.98	232.70	233.08	235.87
	235.87	195.57	214.27	227.60	218.60	226.30
	233.08	195.10	213.03	225.95	212.80	215.70
	232.70	193.90	207.17	213.22	206.63	213.32
	227.60	193.20	197.70	211.45	184.50	200.40
5 Lowest	30.08	30.33	30.30	30.37	31.98	34.72
	30.03	30.30	30.27	30.27	31.63	33.63
	30.03	30.23	30.20	30.08	31.47	33.38
	30.03	30.03	30.08	30.08	30.77	31.48
(Lowest)	30.00	30.03	30.03	30.00	30.15	30.63

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13f Overall Interview Timing Data for the Dress Rehearsal Tobacco Module in Minutes, in Total and by Age Groups: English-Speaking Dress Rehearsal Respondents Answering LEADCIG

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	1.77	1.39	1.61	1.87	1.95	2.54
Variance	1.77	1.07	1.31	1.74	1.54	4.23
Standard Deviation	1.33	1.03	1.14	1.32	1.24	2.06
Quartiles						
Maximum	13.77	8.03	6.45	10.98	7.25	13.77
Q3	2.38	1.52	2.28	2.50	2.45	3.01
Median	1.40	1.10	1.38	1.57	1.65	2.22
Q1	0.87	0.82	0.66	0.93	1.07	1.26
Minimum	0.17	0.35	0.17	0.22	0.38	0.42
Mode	1.27	0.87	0.47	1.22	0.63	1.23
Range	13.60	7.68	6.28	10.77	6.87	13.35
Percentiles						
99%	6.53	5.62	5.43	6.53	6.37	13.03
95%	4.17	3.70	3.62	4.13	4.55	5.55
90%	3.27	2.63	3.12	3.30	3.98	4.22
10%	0.53	0.60	0.38	0.53	0.63	0.87
5%	0.42	0.50	0.30	0.40	0.55	0.73
1%	0.25	0.37	0.17	0.27	0.42	0.47
Extremes						
5 Highest (Highest)	13.77	8.03	6.45	10.98	7.25	13.77
	13.03	6.60	6.20	8.52	6.37	13.03
	10.98	5.62	5.43	8.45	5.23	8.60
	8.60	5.18	5.42	6.87	4.87	7.17
	8.52	4.67	5.08	6.53	4.65	6.97
5 Lowest	0.18	0.40	0.18	0.27	0.53	0.68
	0.18	0.40	0.18	0.27	0.47	0.65
	0.17	0.37	0.17	0.25	0.47	0.58
	0.17	0.37	0.17	0.25	0.42	0.47
(Lowest)	0.17	0.35	0.17	0.22	0.38	0.42

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13g Overall Interview Timing Data for the 2012 Tobacco Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents Answering LEADCIG

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,040	17,545	17,931	12,637	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	1.98	1.69	1.98	2.06	2.36	2.86
Variance	1.98	1.23	2.07	1.95	2.90	3.45
Standard Deviation	1.41	1.11	1.44	1.40	1.70	1.86
Quartiles						
Maximum	22.43	17.28	15.53	21.63	22.43	21.87
Q3	2.57	2.07	2.75	2.68	3.00	3.67
Median	1.68	1.43	1.68	1.78	1.97	2.35
Q1	0.98	0.95	0.85	1.08	1.27	1.68
Minimum	0.10	0.22	0.10	0.10	0.12	0.13
Mode	0.80	0.80	0.43	1.97	1.78	2.10
Range	22.33	17.07	15.43	21.53	22.32	21.73
Percentiles						
99%	6.85	5.85	6.60	6.70	8.57	8.82
95%	4.63	3.82	4.67	4.58	5.48	6.20
90%	3.73	2.90	3.87	3.75	4.38	5.12
10%	0.60	0.70	0.47	0.62	0.75	1.03
5%	0.47	0.60	0.37	0.47	0.57	0.77
1%	0.30	0.45	0.25	0.32	0.35	0.50
Extremes						
5 Highest (Highest)	22.43	17.28	15.53	21.63	22.43	21.87
	21.87	14.93	13.95	20.60	17.52	19.70
	21.63	13.65	13.18	19.77	16.92	16.95
	20.60	11.67	12.50	16.10	15.38	16.27
	19.77	11.53	12.28	12.77	13.42	15.70
5 Lowest	0.12	0.28	0.13	0.15	0.25	0.37
	0.12	0.27	0.13	0.15	0.23	0.35
	0.12	0.27	0.12	0.13	0.20	0.30
	0.10	0.23	0.12	0.12	0.15	0.28
(Lowest)	0.10	0.22	0.10	0.10	0.12	0.13

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13h Overall Interview Timing Data for the 2013 Tobacco Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents Answering LEADCIG

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	12,090	3,904	3,872	2,698	976	640
Extreme/Missing Records*	62	12	31	14	2	2
Summary Statistics (Minutes)						
Mean	1.93	1.65	1.94	2.04	2.24	2.78
Variance	1.91	1.11	2.04	2.01	1.91	4.07
Standard Deviation	1.38	1.05	1.43	1.42	1.38	2.02
Quartiles						
Maximum	22.93	13.38	18.90	22.93	8.63	21.90
Q3	2.50	2.04	2.72	2.63	2.84	3.53
Median	1.63	1.39	1.63	1.77	1.93	2.30
Q1	0.97	0.93	0.78	1.07	1.27	1.56
Minimum	0.13	0.27	0.15	0.13	0.27	0.25
Mode	0.67	0.80	0.42	1.88	2.03	1.98
Range	22.80	13.12	18.75	22.80	8.37	21.65
Percentiles						
99%	6.45	5.62	6.28	6.57	7.23	10.42
95%	4.52	3.63	4.65	4.63	4.98	6.21
90%	3.67	2.82	3.83	3.75	4.12	5.10
10%	0.60	0.70	0.43	0.63	0.75	0.85
5%	0.45	0.60	0.35	0.45	0.60	0.67
1%	0.30	0.47	0.25	0.32	0.40	0.38
Extremes						
5 Highest (Highest)	22.93	13.38	18.90	22.93	8.63	21.90
	21.90	11.95	12.73	19.12	8.42	13.17
	19.12	10.00	10.43	9.87	8.37	12.83
	18.90	9.27	9.62	9.50	7.88	12.75
	13.38	9.12	9.52	9.47	7.88	12.23
5 Lowest	0.18	0.35	0.18	0.22	0.32	0.37
	0.18	0.33	0.18	0.20	0.32	0.37
	0.17	0.33	0.18	0.20	0.28	0.33
	0.15	0.30	0.17	0.20	0.27	0.27
(Lowest)	0.13	0.27	0.15	0.13	0.27	0.25

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13i Overall Interview Timing Data for the Dress Rehearsal Pain Reliever Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	2.38	2.20	1.86	2.23	2.79	4.32
Variance	2.52	1.02	1.04	1.58	3.44	8.30
Standard Deviation	1.59	1.01	1.02	1.26	1.85	2.88
Quartiles						
Maximum	16.53	8.88	10.93	9.53	9.67	16.53
Q3	2.70	2.62	2.21	2.55	2.88	5.31
Median	1.97	1.98	1.60	1.92	2.20	3.31
Q1	1.48	1.53	1.26	1.48	1.83	2.36
Minimum	0.60	0.62	0.60	0.75	0.97	0.77
Mode	2.10	1.17	1.27	1.58	2.10	2.28
Range	15.93	8.27	10.33	8.78	8.70	15.77
Percentiles						
99%	9.12	6.00	5.33	8.60	9.15	13.55
95%	5.33	3.93	3.52	4.68	8.48	9.80
90%	3.83	3.40	2.88	3.35	4.68	8.97
10%	1.18	1.22	1.03	1.20	1.38	1.73
5%	1.03	1.10	0.88	1.03	1.25	1.38
1%	0.75	0.67	0.73	0.87	1.03	1.07
Extremes						
5 Highest (Highest)	16.53	8.88	10.93	9.53	9.67	16.53
	13.55	6.02	6.13	9.00	9.15	13.55
	11.88	6.00	5.33	8.87	9.12	11.88
	10.93	5.73	5.25	8.63	8.85	10.73
	10.73	5.33	4.98	8.60	8.73	10.25
5 Lowest	0.67	0.72	0.75	0.87	1.10	1.33
	0.63	0.72	0.73	0.83	1.10	1.28
	0.62	0.67	0.73	0.80	1.08	1.27
	0.62	0.62	0.63	0.77	1.03	1.07
(Lowest)	0.60	0.62	0.60	0.75	0.97	0.77

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13j Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.90	0.72	0.65	0.84	1.14	1.95
Variance	0.65	0.20	0.15	0.34	0.95	2.65
Standard Deviation	0.81	0.45	0.39	0.58	0.97	1.63
Quartiles						
Maximum	8.05	4.93	3.22	5.10	5.28	8.05
Q3	0.98	0.85	0.77	0.97	1.17	2.42
Median	0.68	0.62	0.55	0.68	0.87	1.26
Q1	0.50	0.43	0.42	0.52	0.65	0.88
Minimum	0.18	0.18	0.18	0.23	0.38	0.40
Mode	0.48	0.48	0.38	0.53	0.87	0.68
Range	7.87	4.75	3.03	4.87	4.90	7.65
Percentiles						
99%	4.95	2.32	2.38	3.65	5.03	7.73
95%	2.15	1.42	1.27	1.73	3.98	5.28
90%	1.43	1.17	1.05	1.28	1.77	4.93
10%	0.38	0.35	0.33	0.42	0.52	0.68
5%	0.33	0.32	0.30	0.37	0.48	0.65
1%	0.25	0.27	0.23	0.27	0.42	0.50
Extremes						
5 Highest (Highest)	8.05	4.93	3.22	5.10	5.28	8.05
	7.73	2.47	2.68	4.95	5.03	7.73
	5.92	2.32	2.38	4.83	4.92	5.92
	5.45	2.22	2.28	4.00	4.90	5.45
	5.42	2.02	2.22	3.65	4.83	5.42
5 Lowest	0.23	0.28	0.23	0.27	0.45	0.63
	0.22	0.28	0.23	0.27	0.45	0.62
	0.20	0.27	0.23	0.25	0.43	0.62
	0.18	0.20	0.22	0.23	0.42	0.50
(Lowest)	0.60	0.62	0.60	0.75	0.97	0.77

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13k Overall Interview Timing Data for the Dress Rehearsal Stimulants Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.93	0.77	0.71	0.85	1.21	1.89
Variance	0.69	0.22	0.18	0.36	1.06	2.91
Standard Deviation	0.83	0.47	0.42	0.60	1.03	1.70
Quartiles						
Maximum	10.18	5.28	4.15	5.65	5.73	10.18
Q3	1.03	0.97	0.84	0.95	1.33	2.09
Median	0.73	0.67	0.60	0.72	0.93	1.29
Q1	0.53	0.48	0.45	0.57	0.68	0.92
Minimum	0.15	0.18	0.15	0.22	0.37	0.40
Mode	0.63	0.63	0.52	0.73	0.62	1.00
Range	10.03	5.10	4.00	5.43	5.37	9.78
Percentiles						
99%	5.33	2.15	2.25	4.08	5.40	6.78
95%	2.03	1.48	1.48	1.58	2.95	5.48
90%	1.47	1.27	1.20	1.30	1.87	5.30
10%	0.40	0.35	0.33	0.40	0.53	0.62
5%	0.33	0.32	0.28	0.35	0.48	0.50
1%	0.23	0.23	0.18	0.25	0.43	0.42
Extremes						
5 Highest (Highest)	10.18	5.28	4.15	5.65	5.73	10.18
	6.78	2.55	2.35	5.38	5.40	6.78
	6.22	2.15	2.25	5.32	5.23	6.22
	5.85	2.07	2.03	5.23	5.23	5.85
	5.73	2.00	2.00	4.08	5.22	5.62
5 Lowest	0.18	0.23	0.23	0.25	0.47	0.50
	0.18	0.23	0.18	0.25	0.45	0.48
	0.18	0.23	0.18	0.23	0.45	0.47
	0.17	0.22	0.17	0.23	0.43	0.42
(Lowest)	0.15	0.18	0.15	0.22	0.37	0.40

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13l Overall Interview Timing Data for the Dress Rehearsal Sedatives Screener in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	1,275	283	284	455	145	108
Extreme/Missing Records*	40	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.81	0.64	0.56	0.76	1.06	1.78
Variance	0.76	0.19	0.10	0.68	1.01	2.80
Standard Deviation	0.87	0.43	0.32	0.82	1.01	1.67
Quartiles						
Maximum	15.22	4.72	2.28	15.22	7.48	12.53
Q3	0.87	0.80	0.65	0.82	1.07	1.93
Median	0.62	0.53	0.48	0.63	0.77	1.21
Q1	0.43	0.38	0.37	0.47	0.57	0.82
Minimum	0.10	0.15	0.10	0.15	0.23	0.40
Mode	0.38	0.43	0.38	0.72	0.93	0.93
Range	15.12	4.57	2.18	15.07	7.25	12.13
Percentiles						
99%	4.72	1.85	2.02	3.15	5.27	5.42
95%	1.87	1.28	1.12	1.47	2.77	4.90
90%	1.37	1.10	0.88	1.15	1.82	4.65
10%	0.32	0.28	0.27	0.35	0.47	0.62
5%	0.27	0.25	0.22	0.30	0.43	0.57
1%	0.20	0.17	0.13	0.23	0.38	0.40
Extremes						
5 Highest (Highest)	15.22	4.72	2.28	15.22	7.48	12.53
	12.53	2.83	2.03	4.65	5.27	5.42
	7.48	1.85	2.02	4.12	4.70	5.27
	5.42	1.82	1.93	3.67	4.67	5.12
	5.27	1.68	1.78	3.15	4.67	5.02
5 Lowest	0.15	0.20	0.18	0.23	0.40	0.50
	0.15	0.20	0.18	0.23	0.40	0.50
	0.13	0.17	0.13	0.22	0.40	0.42
	0.13	0.17	0.13	0.20	0.38	0.40
(Lowest)	0.10	0.15	0.10	0.15	0.23	0.40

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13m Overall Interview Timing Data for the Dress Rehearsal Pain Reliever Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	760	86	152	335	116	71
Extreme/Missing Records*	555	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.89	0.94	0.83	0.86	1.00	0.99
Variance	1.16	0.88	0.98	1.44	1.18	0.52
Standard Deviation	1.08	0.94	0.99	1.20	1.08	0.72
Quartiles						
Maximum	11.13	4.32	6.63	11.13	5.48	4.18
Q3	0.98	1.03	0.84	0.90	1.05	1.45
Median	0.58	0.62	0.49	0.52	0.68	0.80
Q1	0.33	0.38	0.28	0.30	0.43	0.48
Minimum	0.07	0.07	0.08	0.10	0.15	0.10
Mode	0.20	0.12	0.20	0.23	0.17	0.77
Range	11.07	4.25	6.55	11.03	5.33	4.08
Percentiles						
99%	5.12	4.32	5.10	6.42	5.30	4.18
95%	3.08	2.77	3.17	3.08	4.03	1.77
90%	1.89	2.63	2.02	1.65	1.63	1.65
10%	0.20	0.18	0.17	0.18	0.22	0.35
5%	0.15	0.12	0.15	0.15	0.17	0.22
1%	0.10	0.07	0.08	0.12	0.15	0.10
Extremes						
5 Highest (Highest)	11.13	4.32	6.63	11.13	5.48	4.18
	10.38	3.90	5.10	10.38	5.30	4.05
	7.45	3.65	3.78	7.45	5.12	2.02
	6.63	2.97	3.73	6.42	5.03	1.77
	6.42	2.77	3.42	4.75	4.92	1.75
5 Lowest	0.10	0.12	0.10	0.12	0.17	0.23
	0.08	0.12	0.10	0.12	0.17	0.22
	0.08	0.10	0.08	0.12	0.17	0.22
	0.08	0.10	0.08	0.12	0.15	0.18
(Lowest)	0.07	0.07	0.08	0.10	0.15	0.10

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13n Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	2.06	2.13	1.96	2.00	2.18	2.49
Variance	1.23	1.11	1.22	1.33	1.22	1.31
Standard Deviation	1.11	1.05	1.10	1.15	1.10	1.15
Quartiles						
Maximum	37.63	24.85	18.62	37.63	17.90	13.87
Q3	2.53	2.62	2.38	2.42	2.63	3.07
Median	1.87	2.00	1.73	1.78	1.98	2.33
Q1	1.37	1.47	1.25	1.30	1.52	1.75
Minimum	0.05	0.07	0.05	0.07	0.12	0.12
Mode	1.63	1.80	1.63	1.68	1.65	2.02
Range	37.58	24.78	18.57	37.57	17.78	13.75
Percentiles						
99%	5.85	5.70	5.78	5.85	6.15	6.27
95%	3.87	3.80	3.87	3.82	3.98	4.23
90%	3.27	3.25	3.22	3.17	3.32	3.63
10%	0.98	1.05	0.92	0.98	1.15	1.32
5%	0.78	0.80	0.72	0.80	0.93	1.10
1%	0.42	0.40	0.37	0.48	0.58	0.62
Extremes						
5 Highest (Highest)	37.63	24.85	18.62	37.63	17.90	13.87
	24.85	18.42	18.00	21.67	14.32	12.55
	21.67	15.52	17.10	17.82	13.98	12.30
	18.62	14.80	16.48	16.90	13.07	11.50
	18.42	13.68	13.53	15.32	12.85	10.72
5 Lowest	0.08	0.10	0.10	0.10	0.28	0.32
	0.08	0.08	0.10	0.10	0.27	0.20
	0.07	0.08	0.08	0.08	0.20	0.18
	0.07	0.08	0.08	0.08	0.13	0.17
(Lowest)	0.05	0.07	0.05	0.07	0.12	0.12

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13o Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	2.06	2.15	1.92	1.99	2.17	2.51
Variance	1.35	1.32	1.17	1.45	1.55	1.59
Standard Deviation	1.16	1.15	1.08	1.20	1.25	1.26
Quartiles						
Maximum	31.78	31.78	17.58	22.97	15.63	13.77
Q3	2.52	2.63	2.33	2.40	2.57	3.03
Median	1.85	2.00	1.70	1.77	1.93	2.30
Q1	1.33	1.45	1.23	1.28	1.47	1.78
Minimum	0.05	0.05	0.05	0.07	0.18	0.15
Mode	1.60	2.17	1.32	1.45	1.60	2.05
Range	31.73	31.73	17.53	22.90	15.45	13.62
Percentiles						
99%	6.00	5.77	5.88	6.03	6.65	8.20
95%	3.92	3.90	3.85	3.93	3.95	4.27
90%	3.27	3.32	3.17	3.20	3.32	3.57
10%	0.97	1.03	0.88	0.95	1.10	1.37
5%	0.77	0.80	0.70	0.77	0.92	1.13
1%	0.42	0.42	0.35	0.47	0.57	0.65
Extremes						
5 Highest (Highest)	31.78	31.78	17.58	22.97	15.63	13.77
	22.97	20.52	12.63	20.95	14.95	11.18
	20.95	18.30	11.12	19.40	14.38	11.18
	20.52	18.07	10.60	16.98	14.33	11.02
	19.40	14.33	10.47	14.08	13.00	10.77
5 Lowest	0.07	0.12	0.08	0.12	0.37	0.32
	0.07	0.10	0.07	0.10	0.33	0.30
	0.05	0.08	0.07	0.10	0.25	0.28
	0.05	0.08	0.05	0.10	0.20	0.15
(Lowest)	0.05	0.05	0.05	0.07	0.18	0.15

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13p Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	307	12	49	156	56	34
Extreme/Missing Records*	1,008	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.68	0.72	0.93	0.61	0.57	0.85
Variance	0.65	0.68	0.94	0.66	0.39	0.50
Standard Deviation	0.81	0.82	0.97	0.81	0.63	0.71
Quartiles						
Maximum	5.07	2.93	3.58	5.07	3.48	3.53
Q3	0.70	0.93	1.63	0.58	0.56	1.15
Median	0.38	0.37	0.48	0.33	0.38	0.66
Q1	0.20	0.20	0.18	0.18	0.24	0.32
Minimum	0.03	0.15	0.03	0.07	0.08	0.15
Mode	0.17	0.22	0.13	0.17	0.20	0.32
Range	5.03	2.78	3.55	5.00	3.40	3.38
Percentiles						
99%	3.58	2.93	3.58	4.08	3.48	3.53
95%	2.45	2.93	3.02	2.33	2.20	2.07
90%	1.82	1.57	2.48	1.53	1.05	1.82
10%	0.13	0.17	0.13	0.12	0.15	0.27
5%	0.10	0.15	0.07	0.10	0.12	0.17
1%	0.07	0.15	0.03	0.07	0.08	0.15
Extremes						
5 Highest (Highest)	5.07	2.93	3.58	5.07	3.48	3.53
	4.08	1.57	3.25	4.08	2.52	2.07
	4.08	1.15	3.02	4.08	2.20	1.88
	3.58	0.70	2.98	3.28	2.00	1.82
	3.53	0.67	2.48	3.03	1.07	1.55
5 Lowest	0.07	0.22	0.13	0.08	0.13	0.28
	0.07	0.22	0.10	0.08	0.13	0.27
	0.07	0.18	0.07	0.08	0.12	0.20
	0.05	0.17	0.05	0.07	0.12	0.17
(Lowest)	0.05	0.05	0.05	0.07	0.18	0.15

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13q Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	1.14	1.19	1.02	1.10	1.30	1.64
Variance	0.56	0.48	0.52	0.59	0.62	0.81
Standard Deviation	0.75	0.69	0.72	0.77	0.78	0.90
Quartiles						
Maximum	30.15	16.67	30.15	27.42	13.92	11.30
Q3	1.47	1.55	1.28	1.37	1.65	2.23
Median	0.98	1.05	0.87	0.93	1.13	1.48
Q1	0.65	0.70	0.58	0.63	0.78	0.98
Minimum	0.03	0.03	0.03	0.03	0.08	0.07
Mode	0.65	0.82	0.65	0.65	0.65	0.83
Range	30.12	16.63	30.12	27.38	13.83	11.23
Percentiles						
99%	3.33	3.17	3.23	3.38	3.80	4.30
95%	2.48	2.43	2.25	2.37	2.62	2.93
90%	2.07	2.08	1.83	1.93	2.27	2.72
10%	0.43	0.47	0.40	0.43	0.55	0.67
5%	0.33	0.35	0.30	0.35	0.43	0.52
1%	0.18	0.18	0.17	0.22	0.28	0.30
Extremes						
5 Highest (Highest)	30.15	16.67	30.15	27.42	13.92	11.30
	27.42	9.05	19.68	26.75	11.18	8.23
	26.75	8.82	16.75	15.83	7.45	7.95
	19.68	8.05	16.65	8.43	7.28	7.95
	16.75	7.28	10.07	8.35	7.25	7.87
5 Lowest	0.03	0.05	0.05	0.07	0.12	0.13
	0.03	0.05	0.05	0.07	0.10	0.10
	0.03	0.05	0.05	0.07	0.10	0.08
	0.03	0.03	0.05	0.03	0.08	0.08
(Lowest)	0.03	0.03	0.03	0.03	0.08	0.07

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13r Overall Interview Timing Data for the Dress Rehearsal Tranquilizer Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	1.14	1.20	1.02	1.09	1.28	1.62
Variance	0.55	0.50	0.52	0.52	0.63	0.74
Standard Deviation	0.74	0.71	0.72	0.72	0.79	0.86
Quartiles						
Maximum	20.73	10.38	20.73	14.60	11.02	7.47
Q3	1.45	1.56	1.27	1.35	1.60	2.15
Median	0.97	1.05	0.85	0.92	1.11	1.43
Q1	0.63	0.68	0.57	0.62	0.75	1.00
Minimum	0.03	0.03	0.03	0.03	0.08	0.10
Mode	0.60	0.60	0.68	0.78	0.72	0.95
Range	20.70	10.35	20.70	14.57	10.93	7.37
Percentiles						
99%	3.47	3.33	3.33	3.53	3.97	4.63
95%	2.48	2.48	2.25	2.38	2.68	2.95
90%	2.05	2.10	1.83	1.93	2.27	2.67
10%	0.43	0.47	0.38	0.43	0.55	0.68
5%	0.33	0.37	0.30	0.33	0.43	0.52
1%	0.18	0.18	0.17	0.20	0.28	0.27
Extremes						
5 Highest (Highest)	20.73	10.38	20.73	14.60	11.02	7.47
	19.38	8.25	19.38	9.78	8.60	6.07
	14.60	8.07	9.33	8.80	6.92	5.82
	11.02	6.97	8.80	8.60	6.68	5.75
	10.38	6.80	7.72	7.82	5.93	5.27
5 Lowest	0.03	0.07	0.05	0.08	0.12	0.15
	0.03	0.07	0.05	0.07	0.12	0.15
	0.03	0.05	0.03	0.07	0.10	0.13
	0.03	0.03	0.03	0.07	0.10	0.12
(Lowest)	0.03	0.03	0.03	0.03	0.08	0.10

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13s Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	197	30	58	80	19	10
Extreme/Missing Records*	1,118	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.60	0.61	0.91	0.44	0.37	0.50
Variance	0.51	0.49	0.83	0.34	0.09	0.09
Standard Deviation	0.71	0.70	0.91	0.58	0.31	0.30
Quartiles						
Maximum	3.42	2.65	3.42	3.12	1.20	1.13
Q3	0.65	0.65	1.50	0.46	0.47	0.78
Median	0.32	0.37	0.39	0.25	0.27	0.35
Q1	0.15	0.20	0.13	0.15	0.15	0.30
Minimum	0.02	0.07	0.02	0.05	0.08	0.27
Mode	0.13	0.07	0.13	0.13	0.13	0.35
Range	3.40	2.58	3.40	3.07	1.12	0.87
Percentiles						
99%	3.18	2.65	3.42	3.12	1.20	1.13
95%	2.38	2.42	2.95	2.03	1.20	1.13
90%	1.72	1.95	2.30	0.73	0.87	0.96
10%	0.10	0.08	0.10	0.10	0.12	0.28
5%	0.07	0.07	0.07	0.08	0.08	0.27
1%	0.05	0.07	0.02	0.05	0.08	0.27
Extremes						
5 Highest (Highest)	3.42	2.65	3.42	3.12	1.20	1.13
	3.18	2.42	3.18	2.67	0.87	0.78
	3.12	2.38	2.95	2.27	0.82	0.78
	2.95	1.52	2.65	2.07	0.63	0.38
	2.67	0.90	2.60	1.98	0.47	0.35
5 Lowest	0.07	0.13	0.08	0.08	0.15	0.35
	0.07	0.08	0.07	0.07	0.13	0.33
	0.07	0.07	0.07	0.07	0.13	0.30
	0.05	0.07	0.07	0.07	0.12	0.28
(Lowest)	0.02	0.07	0.02	0.05	0.08	0.27

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13t Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,052	17,555	17,932	12,638	4,212	2,715
Extreme/Missing Records*	212	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	1.16	1.21	1.03	1.11	1.35	1.70
Variance	0.67	0.61	0.58	0.64	0.84	1.10
Standard Deviation	0.82	0.78	0.76	0.80	0.92	1.05
Quartiles						
Maximum	36.12	21.15	36.12	26.47	24.82	11.72
Q3	1.48	1.58	1.28	1.38	1.70	2.32
Median	0.97	1.03	0.85	0.93	1.13	1.45
Q1	0.63	0.65	0.55	0.63	0.77	0.92
Minimum	0.03	0.03	0.05	0.03	0.07	0.03
Mode	0.57	0.80	0.57	0.75	0.92	0.88
Range	36.08	21.12	36.07	26.43	24.75	11.68
Percentiles						
99%	3.53	3.42	3.42	3.52	3.77	4.52
95%	2.68	2.68	2.38	2.50	2.93	3.22
90%	2.15	2.23	1.88	1.97	2.40	3.05
10%	0.42	0.42	0.37	0.43	0.53	0.63
5%	0.32	0.32	0.28	0.33	0.42	0.50
1%	0.17	0.17	0.15	0.20	0.27	0.27
Extremes						
5 Highest (Highest)	36.12	21.15	36.12	26.47	24.82	11.72
	26.47	14.08	19.30	17.05	9.73	11.08
	24.82	11.38	9.73	15.12	9.57	9.05
	21.15	10.63	9.68	15.07	9.40	8.97
	19.30	8.37	8.63	12.98	8.92	8.87
5 Lowest	0.05	0.05	0.07	0.08	0.12	0.13
	0.03	0.05	0.05	0.07	0.12	0.10
	0.03	0.05	0.05	0.07	0.10	0.08
	0.03	0.03	0.05	0.05	0.10	0.08
(Lowest)	0.03	0.03	0.05	0.03	0.07	0.03

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13u Overall Interview Timing Data for the Dress Rehearsal Stimulants Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	1.16	1.22	1.02	1.10	1.34	1.64
Variance	0.64	0.61	0.50	0.62	0.86	0.97
Standard Deviation	0.80	0.78	0.71	0.79	0.93	0.98
Quartiles						
Maximum	15.72	13.33	9.95	15.72	12.78	13.40
Q3	1.47	1.60	1.28	1.37	1.67	2.20
Median	0.95	1.03	0.83	0.92	1.13	1.42
Q1	0.62	0.65	0.55	0.60	0.75	0.93
Minimum	0.03	0.05	0.03	0.07	0.07	0.10
Mode	0.73	0.73	0.63	0.78	1.00	1.33
Range	15.68	13.28	9.92	15.65	12.72	13.30
Percentiles						
99%	3.70	3.60	3.38	3.72	4.25	4.70
95%	2.70	2.70	2.37	2.58	3.00	3.18
90%	2.17	2.27	1.88	2.00	2.45	2.98
10%	0.42	0.43	0.37	0.42	0.52	0.63
5%	0.32	0.32	0.28	0.32	0.42	0.48
1%	0.17	0.17	0.15	0.20	0.25	0.22
Extremes						
5 Highest (Highest)	15.72	13.33	9.95	15.72	12.78	13.40
	13.40	10.10	8.73	11.60	12.30	6.13
	13.33	7.47	7.45	10.98	8.17	5.97
	12.78	6.92	7.23	10.80	7.55	5.77
	12.30	6.07	7.17	9.90	6.85	5.67
5 Lowest	0.05	0.07	0.07	0.10	0.10	0.12
	0.05	0.07	0.05	0.08	0.10	0.12
	0.05	0.07	0.05	0.07	0.10	0.12
	0.05	0.07	0.05	0.07	0.08	0.10
(Lowest)	0.03	0.05	0.03	0.07	0.07	0.10

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13v Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	176	11	21	90	35	19
Extreme/Missing Records*	1,139	6	19	12	3	0
Summary Statistics (Minutes)						
Mean	0.47	0.58	0.24	0.38	0.49	1.03
Variance	0.96	0.98	0.08	1.27	0.45	1.13
Standard Deviation	0.98	0.99	0.28	1.13	0.67	1.06
Quartiles						
Maximum	10.63	3.37	1.37	10.63	3.68	4.43
Q3	0.38	0.93	0.25	0.32	0.53	1.15
Median	0.22	0.15	0.15	0.18	0.28	0.63
Q1	0.13	0.08	0.10	0.13	0.17	0.38
Minimum	0.03	0.07	0.07	0.03	0.07	0.20
Mode	0.13	0.08	0.10	0.13	0.22	0.20
Range	10.60	3.30	1.30	10.60	3.62	4.23
Percentiles						
99%	4.43	3.37	1.37	10.63	3.68	4.43
95%	1.37	3.37	0.58	0.83	1.98	4.43
90%	0.93	1.03	0.30	0.52	0.78	2.63
10%	0.08	0.08	0.08	0.09	0.12	0.20
5%	0.07	0.07	0.07	0.07	0.07	0.20
1%	0.05	0.07	0.07	0.03	0.07	0.20
Extremes						
5 Highest (Highest)	10.63	3.37	1.37	10.63	3.68	4.43
	4.43	1.03	0.58	1.60	1.98	2.63
	3.68	0.93	0.30	1.37	1.22	2.40
	3.37	0.22	0.30	1.37	0.78	1.15
	2.63	0.20	0.28	0.83	0.77	1.15
5 Lowest	0.07	0.12	0.10	0.07	0.12	0.38
	0.05	0.08	0.08	0.05	0.12	0.37
	0.05	0.08	0.08	0.05	0.10	0.25
	0.05	0.08	0.07	0.05	0.07	0.20
(Lowest)	0.03	0.07	0.07	0.03	0.07	0.20

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13w Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: 2012 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	55,051	17,554	17,932	12,638	4,212	2,715
Extreme/Missing Records*	213	46	100	48	9	9
Summary Statistics (Minutes)						
Mean	0.94	1.01	0.78	0.87	1.12	1.54
Variance	0.46	0.46	0.31	0.37	0.61	1.07
Standard Deviation	0.68	0.68	0.55	0.61	0.78	1.03
Quartiles						
Maximum	16.92	7.30	12.23	16.13	16.92	15.28
Q3	1.17	1.32	0.95	1.07	1.38	2.13
Median	0.75	0.83	0.63	0.72	0.93	1.28
Q1	0.50	0.52	0.43	0.50	0.63	0.83
Minimum	0.02	0.03	0.03	0.02	0.03	0.03
Mode	0.52	0.43	0.52	0.45	0.65	1.00
Range	16.90	7.27	12.20	16.12	16.88	15.25
Percentiles						
99%	3.05	3.07	2.78	2.95	3.23	3.93
95%	2.32	2.40	1.80	2.02	2.58	3.02
90%	1.78	1.95	1.40	1.57	2.10	2.88
10%	0.33	0.35	0.30	0.35	0.43	0.53
5%	0.25	0.27	0.23	0.27	0.33	0.40
1%	0.15	0.15	0.13	0.17	0.22	0.20
Extremes						
5 Highest (Highest)	16.92	7.30	12.23	16.13	16.92	15.28
	16.13	6.72	10.33	10.18	12.73	13.53
	15.28	6.53	9.98	7.80	8.55	10.62
	13.53	6.48	9.88	7.58	7.80	10.27
	12.73	6.47	9.45	7.27	7.20	8.87
5 Lowest	0.03	0.05	0.05	0.05	0.07	0.10
	0.03	0.05	0.05	0.05	0.07	0.08
	0.03	0.05	0.03	0.05	0.05	0.07
	0.03	0.03	0.03	0.03	0.05	0.07
(Lowest)	0.02	0.03	0.03	0.02	0.03	0.03

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 4.13x Overall Interview Timing Data for the Dress Rehearsal Sedatives Module in Minutes, in Total and by Age Groups: 2013 Comparison English-Speaking Respondents

Age Group	Overall	12-17	18-25	26-49	50-64	65+
Sample Used in Analysis	28,609	9,532	9,240	6,402	2,122	1,313
Extreme/Missing Records*	123	28	55	31	6	2
Summary Statistics (Minutes)						
Mean	0.94	1.02	0.79	0.87	1.13	1.50
Variance	0.52	0.50	0.37	0.40	0.87	1.05
Standard Deviation	0.72	0.71	0.61	0.63	0.93	1.03
Quartiles						
Maximum	20.37	11.87	16.28	15.18	20.37	12.28
Q3	1.17	1.33	0.95	1.07	1.40	2.03
Median	0.75	0.83	0.63	0.72	0.92	1.23
Q1	0.50	0.53	0.43	0.48	0.62	0.82
Minimum	0.02	0.02	0.05	0.07	0.07	0.12
Mode	0.47	0.57	0.47	0.47	0.70	0.82
Range	20.35	11.85	16.23	15.12	20.30	12.17
Percentiles						
99%	3.20	3.25	2.93	2.97	3.63	4.45
95%	2.32	2.43	1.83	2.08	2.72	3.00
90%	1.80	1.98	1.43	1.60	2.08	2.85
10%	0.33	0.35	0.30	0.33	0.42	0.53
5%	0.27	0.27	0.23	0.27	0.33	0.40
1%	0.15	0.13	0.13	0.15	0.20	0.20
Extremes						
5 Highest (Highest)	20.37	11.87	16.28	15.18	20.37	12.28
	16.28	7.80	12.48	11.18	14.48	10.68
	15.18	6.47	8.35	6.65	13.47	8.08
	14.48	6.10	7.83	6.17	6.65	7.88
	13.47	5.85	6.42	6.12	5.60	6.65
5 Lowest	0.05	0.05	0.05	0.08	0.13	0.13
	0.03	0.03	0.05	0.08	0.13	0.13
	0.03	0.03	0.05	0.07	0.12	0.13
	0.03	0.03	0.05	0.07	0.10	0.12
(Lowest)	0.02	0.02	0.05	0.07	0.07	0.12

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

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Data quality indicators that were discussed in the QFT report for triggering of inconsistency "flags," triggering of "hard errors" in the DR prescription drug data, and triggering of consistency checks in the prescription drug initiation data were not examined for the DR. Very small numbers of respondents in the QFT had triggered flags for inconsistent data in the modules for smokeless tobacco, methamphetamine, and prescription drugs (i.e., fewer than five respondents for any given flag that was set). No situations were identified in the audit trail data for the QFT in which respondents triggered a hard error between the age at first use (AFU) answers for individual prescription drugs and their current age (Currivan et al., 2013).

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

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

Estimates are shown in ***Table 4.14*** for the following new, moved, or revised items in the DR that have associated "OTHER, Specify" data:

- race (question QD05), including other race;
- source of the last pain reliever that the respondent misused (PRY42B), including getting the drug some other way;
- friend's or relative's source of the pain reliever that the respondent obtained from a friend or relative for free (PRY42C), including getting the drug some other way;
- source of the last tranquilizer that the respondent misused (TRY21B);
- friend's or relative's source of the tranquilizer that the respondent obtained from a friend or relative for free (TRY21C);
- source of the last stimulant that the respondent misused (STY26B);
- friend's or relative's source of the stimulant that the respondent obtained from a friend or relative for free (STY26C);
- source of the last sedative that the respondent misused (SVY19B);
- friend's or relative's source of the sedative that the respondent obtained from a friend or relative for free (SVY19C);
- type of cancer (HLTH26), including other cancer;
- born in the United States (QD14)[20]; and

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

- immediate family members who are currently in the United States military (QD10D), including other immediate family members.

Except for question QD14, which does not offer an *explicit* choice of "other" (i.e., other country or territory is implied by a response of "no"), and the new question QD10D for immediate family members serving in the United States military, rates for "other" responses to these items generally were low in the DR data relative to rates for predefined response categories. Although 4.8 percent of persons aged 12 or older in the DR data were estimated to be in the "other" race category, the percentage decreased to 0.6 percent when the estimates did not include Hispanic and Spanish-language respondents in the DR data. Corresponding rates for the other race category in the 2012 and 2013 comparison data in ***Table H.1*** in ***Appendix H*** that also did not include Hispanic and Spanish-language respondents were 0.4 and 0.6 percent, respectively.

Although most of the rates in ***Table 4.14*** were flagged for suppression, the low rates for "other" responses for most items were consistent with findings from the QFT. Except for other immediate family members who were reported to be serving in the military, these findings typically support the conclusion that predefined categories performed adequately in the QFT and DR.

If DR respondents reported in question QD10D that a member of their immediate family was serving in the United States military, the most commonly reported response in follow-up question QD10E was "another member of my immediate family." Specifically, 84 respondents in the DR chose this relationship, which yielded a weighted percentage of 45.2 percent among persons with a family member who was serving in the military. The "OTHER, Specify" data for these 84 respondents indicated that 3 respondents specified a step- parent or stepchild (i.e., which were included in the explanation of immediate family members in question QD10D). Remaining respondents specified relationships other than those that were listed in question QD10E or else had missing data (i.e., don't know, refused, or bad data).[21] The other family relationships that were reported in the DR data were as follows (numbers of respondents in parentheses):

- a cousin or cousins (n = 33);
- an uncle or an aunt (n = 11);
- a nephew, niece, or great nephew or niece (n = 9);
- an in-law (n = 7); and
- a grandparent or grandchild, including step relationships (n = 6).

In addition, the "OTHER, Specify" answers for 11 respondents were assigned codes for missing data, and 4 respondents specified that they had no other family members serving in the military.

On the one hand, the DR data for other family members who were reported to be serving in the military do not suggest that respondents were unclear about the meanings of the precoded

[21] One respondent may have specified a relationship that corresponded to a precoded response option from question QD10E. However, this respondent's "OTHER, Specify" response was assigned a code for "bad data" because it was unclear whether the response applied to an immediate family member from question QD10E or someone else who was related to an immediate family member.

response categories in question QD13E for immediate family members. Rather, the "OTHER, Specify" data suggest that respondents were including family members other than those that were mentioned in the explanatory text for "immediate family."

Two explanations are possible for the high numbers of DR respondents who specified family relationships other than those that were listed in question QD13E. First, respondents may not be attending to the question wording about "immediate family" members and instead are answering question QD13D as "yes" if they know of *any* relatives who are currently serving in the United States military. A second possible explanation is that some respondents could have a broader interpretation of what constitutes an "immediate family" member based on their cultural backgrounds, especially for respondents for whom extended family relationships are the norm. However, the numbers of respondents who answered QD13E as "yes" because they were thinking of any relatives rather than immediate family members and the number who had interpreted "immediate family" to include additional relationships cannot be readily determined from the DR data.

Regardless of the underlying reasons, the higher number of respondents who reported that another member of their family was serving in the military relative to the precoded categories in question QD13E suggests that it could be useful to consider ways of revising questions QD13D and QD13E. Revising these questions could reduce the potential burden on respondents who otherwise might need to type in an "OTHER, Specify" response and also could reduce the amount of data coding that otherwise could be required.

However, revising the explanation for "immediate family" to mention relationships that respondents should *not* include may not be advisable because (a) these additions would add to the amount and complexity of the cognitive information that respondents would need to process in order to answer these questions; and (b) for an undetermined number of respondents, further revisions could communicate cultural biases about the concept of "immediate family." Rather, it could be useful for SAMHSA to continue allowing respondents to interpret these questions according to whatever they mean to the respondents and to consider alternatives for capturing information on other relationships that could be less burdensome for respondents and that could require less coding of "OTHER, Specify" data. For example, questions about unmet need for substance treatment services, unmet need for mental health services among adults, and reasons why adolescents received mental health services in the past 12 months use an "unfolding" strategy, in which an initial response choice of "other" leads to a follow-up question.

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

Core modules in the 2012 and 2013 comparison data were reviewed for potential patterned responses according to the procedures documented in the editing and coding section (Section 10) of the 2010 methodological resource book (Kroutil et al., 2012a). These checks were implemented as part of the general editing procedures for editing the full 2012 survey data and the 2013 survey data from quarters 3 and 4, regardless of whether interviews were within or outside of the 48 States of the continental United States. However, fewer than 10 cases in the entire 2012 data were classified as nonrespondents even though they met the usable case criteria because of patterned responses in their core drug data. Similarly, fewer than 10 cases in the entire 2012 survey were retained as respondents, but with their original responses in one or more

core drug modules being replaced with "bad data" codes. For the 2013 survey in quarters 3 and 4, fewer than five cases met the usable case criteria but were treated as nonrespondents, and fewer than five cases were retained as respondents but with their original responses in one or more core drug modules being replaced with "bad data" codes.

4.6.4 Patterned Responses in the Core Drug Questions for the DR Data

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

Based on the experience in the QFT, particular attention was given to identifying the occurrence of the following patterns in the prescription drug data and examining the results if these patterns occurred:

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

No new types of patterned responses were identified in the prescription drug data for the DR.

No cases were dropped from the DR data (i.e., treated as nonrespondents) because of patterned responses. However, three respondents had a pattern of keying "2" (or mostly "2") in one or more prescription drug modules. No DR respondents had a pattern of keying only responses of "1" in the screening questions. No cases were recommended to have their prescription drug answers set to "bad data" because of high numbers of individual prescription drugs that were misused.

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older

DR Instrument Item	Type of Change[1]	Description of Change	DR Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Race (QD05)	R	Added response categories for Guamanian or Chamorro and Samoan.				
White (QD051)			76.8	2.66	1,396	2,084
Black or African American (QD052)			12.7	2.03	270	2,084
American Indian or Alaska Native (American Indian Includes North American, Central American, and South American Indians) (QD053)			1.8	0.33	144	2,084
Native Hawaiian (QD054)			0.0	0.01	3	2,084
Guamanian or Chamorro (QD055)			0.0	0.01	3	2,084
Samoan (QD056)			0.0*	0.00*	0	2,084
Other Pacific Islander (QD057)			0.3	0.15	19	2,084
Asian (Including: Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)			5.3	1.27	146	2,084
Other (Specify) (QD059)			4.8	0.79	190	2,084
Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [PRLASTFILL]? (PRY42B)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [PRLASTFILL] from just one Doctor			33.7*	7.15*	41	126
I got prescriptions for the [PRLASTFILL] from more than one doctor			1.8*	1.82*	1	126
I stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	126
I got the [PRLASTFILL] from a friend or relative for free			38.8*	6.01*	52	126
I bought the [PRLASTFILL] from a friend or relative			9.2	2.67	13	126
I took the [PRLASTFILL] from a friend or relative without asking			2.4*	2.08*	4	126
I bought the [PRLASTFILL] from a drug dealer or other stranger			7.0*	3.79*	7	126
I got the [PRLASTFILL] in some other way			7.0	3.04	8	126

See notes at end of table. (continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change[1]	Description of Change	DR Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [PRLASTFILL]? (PRY42C)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [PRLASTFILL] from just one doctor			87.3*	5.81*	40	50
He or she got prescriptions for the [PRLASTFILL] from more than one doctor			0.4*	0.37*	1	50
He or she stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	50
He or she got the [PRLASTFILL] from a friend or relative for free			4.0*	2.75*	3	50
He or she bought the [PRLASTFILL] from a friend or relative			0.1*	0.05*	1	50
He or she took the [PRLASTFILL] from a friend or relative without asking			4.3*	4.17*	2	50
He or she bought the [PRLASTFILL] from a drug dealer or other stranger			0.3*	0.29*	1	50
He or she got the [PRLASTFILL] in some other Way			3.7*	2.75*	2	50
Now think about the last time you used [TRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [TRLASTFILL]? (TRY21B)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [TRLASTFILL] from just one doctor			25.4*	9.88*	11	54
I got prescriptions for the [TRLASTFILL] from more than one doctor			0.0*	0.00*	0	54
I stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	54
I got the [TRLASTFILL] from a friend or relative for free			40.4*	10.03*	23	54
I bought the [TRLASTFILL] from a friend or relative			13.4*	5.33*	11	54
I took the [TRLASTFILL] from a friend or relative without asking			5.7*	3.23*	3	54
I bought the [TRLASTFILL] from a drug dealer or other stranger			12.7*	6.64*	5	54
I got the [TRLASTFILL] in some other way			2.4*	2.44*	1	54

See notes at end of table. (continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change[1]	Description of Change	DR Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [TRLASTFILL]? (TRY21C)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [TRLASTFILL] from just one doctor			97.8*	1.47*	19	22
He or she got prescriptions for the[TRLASTFILL] from more than one doctor			0.0*	0.00*	0	22
He or she stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	22
He or she got the [TRLASTFILL] from a friend or relative for free			0.0*	0.00*	0	22
He or she bought the [TRLASTFILL] from a friend or relative			2.2*	1.47*	3	22
He or she took the [TRLASTFILL] from a friend or relative without asking			0.0*	0.00*	0	22
He or she bought the [TRLASTFILL] from a drug dealer or other stranger			0.0*	0.00*	0	22
He or she got the [TRLASTFILL] in some other way			0.0*	0.00*	0	22
How did you get the [STLASTFILL]? (STY26b)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [STLASTFILL] from just one doctor			2.6*	1.74*	3	46
I got prescriptions for the [STLASTFILL] from more than one doctor			6.6*	5.85*	1	46
I stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	46
I got the [STLASTFILL] from a friend or relative for free			57.7*	10.70*	30	46
I bought the [STLASTFILL] from a friend or relative			25.9*	8.26*	8	46
I took the [STLASTFILL] from a friend or relative without asking			3.8*	3.33*	2	46
I bought the [STLASTFILL] from a drug dealer or other stranger			3.4*	2.72*	2	46
I got the [STLASTFILL] in some other way			0.0*	0.00*	0	46

See notes at end of table. (continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change[1]	Description of Change	DR Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [STLASTFILL]? (STY26c)[4]						
He or she got a prescription for the [STLASTFILL] from just one doctor			83.0*	8.52*	22	29
He or she got prescriptions for the [STLASTFILL] from more than one doctor			0.0*	0.00*	0	29
He or she stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	29
He or she got the [STLASTFILL] from another friend or relative for free			6.7*	6.19*	2	29
He or she bought the [STLASTFILL] from another friend or relative			1.6*	1.57*	1	29
He or she took the [STLASTFILL] from another friend or relative without asking			0.0*	0.00*	0	29
He or she bought the [STLASTFILL] from a drug dealer or other stranger			1.0*	0.86*	2	29
He or she got the [STLASTFILL] in some other Way			7.7*	5.37*	2	29
How did you get the [SVLASTFILL]? (SVY19B)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
I got a prescription for the [SVLASTFILL] from just one doctor			40.5*	20.30*	3	12
I got prescriptions for the [SVLASTFILL] from more than one doctor			0.0*	0.00*	0	12
I stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	12
I got the [SVLASTFILL] from a friend or relative for free			46.3*	18.87*	7	12
I bought the [SVLASTFILL] from a friend or relative			4.9*	4.98*	1	12
I took the [SVLASTFILL] from a friend or relative without asking			0.0*	0.00*	0	12
I bought the [SVLASTFILL] from a drug dealer or other stranger			0.0*	0.00*	0	12
I got the [SVLASTFILL] in some other way			8.3*	8.27*	1	12

See notes at end of table. (continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change[1]	Description of Change	DR Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
How did your friend or relative get the [SVLASTFILL]? (SVY19C)[4]	R	Added "fill" and moved from the noncore prior substance use module.				
He or she got a prescription for the [SVLASTFILL] from just one doctor			90.5*	8.67*	5	7
He or she got prescriptions for the [SVLASTFILL] from more than one doctor			8.0*	8.32*	1	7
He or she stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy			0.0*	0.00*	0	7
He or she got the [SVLASTFILL] from another friend or relative for free			0.0*	0.00*	0	7
He or she bought the [SVLASTFILL] from another friend or relative			1.5*	1.63*	1	7
He or she took the [SVLASTFILL] from another friend or relative without asking			0.0*	0.00*	0	7
He or she bought the [SVLASTFILL] from a drug dealer or other stranger			0.0*	0.00*	0	7
He or she got the [SVLASTFILL] in some other way			0.0*	0.00*	0	7
What kind of cancer was it? (HLTH26)[4]	N	New questions about health.				
Bladder			0.0*	0.00*	0	41
Blood			3.5*	3.49*	1	41
Bone			0.0*	0.00*	0	41
Brain			0.0*	0.00*	0	41
Breast			10.8*	5.04*	6	41
Cervix (Females Only)			10.3*	5.38*	4	41
Colon			2.9*	2.13*	2	41
Esophagus			3.5*	3.49*	1	41
Gallbladder			0.0*	0.00*	0	41
Kidney			0.0*	0.00*	0	41
Larynx/Windpipe			0.0*	0.00*	0	41
Leukemia			3.7*	3.50*	2	41
Liver			0.0*	0.00*	0	41
Lung			12.2*	7.01*	3	41
Lymphoma			6.4*	5.09*	2	41
Melanoma			19.7*	7.98*	8	41

See notes at end of table. (continued)

Table 4.14 Estimates and Standard Errors for New, Moved, or Revised Items in the 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

DR Instrument Item	Type of Change[1]	Description of Change	DR Estimate[2,3]	Standard Error	Unweighted Total	Unweighted Sample Size
Mouth/Tongue/Lip			3.5*	3.49*	1	41
Ovary (Females Only)			4.3*	3.58*	2	41
Pancreas			0.0*	0.00*	0	41
Prostate (Males Only)			6.7*	3.69*	4	41
Rectum			3.5*	3.49*	1	41
Skin (Not Melanoma)			31.9*	8.84*	9	41
Skin (Don't Know Which Kind)			11.1*	7.44*	2	41
Soft Tissue (Muscle or Fat)			1.1*	0.98*	2	41
Stomach			3.5*	3.49*	1	41
Testis (Males Only)			0.0*	0.00*	0	41
Throat/Pharynx			0.0*	0.00*	0	41
Thyroid			6.3*	3.64*	3	41
Uterus (Females Only)			11.5*	6.25*	5	41
Other			5.3*	5.13*	1	41
Were you born in the United States? (QD14)	M	Administered in ACASI instead of CAPI.	84.2	1.83	1,693	2,080
Is anyone in your immediate family currently serving in the United States military? (QD10d)	N	New question about military service within immediate family	7.6	0.99	184	2,061
Which member or members of your immediate family are currently in the United States military? (QD10e)[4]	N	New question about military service within immediate family				
My spouse			9.6*	3.71*	13	179
Unmarried partner			1.1	0.68	3	179
My mother			1.9	0.96	5	179
My father			4.9	1.84	17	179
My son or sons			16.2	4.20	19	179
My daughter or daughters			0.0*	0.00*	0	179
My brother or brothers			24.4	5.01	47	179
My sister or sisters			6.8*	3.17*	8	179
Another member of my immediate family			45.2	5.46	84	179

*Low precision; estimate would be suppressed due to not meeting the NSDUH suppression rule.
ACASI = audio computer-assisted self-interviewing; CAPI = computer-assisted personal interviewing; N/A = not applicable; DR = Dress Rehearsal; R = respondent.

[1] Changes to questionnaire items fall under three categories: N = new item, R= revised item, and M= no changes to item but moved to another place in the questionnaire or moved from being interviewer-administered to self- administered.
[2] Sample does not include Alaska or Hawaii. DR data were collected from September 1 through October 31, 2013.
[3] Estimates are percentages of all persons aged 12 or older, except where noted.
[4] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

5. Assessments of the Redesigned Protocol (*Research Question 1*)

5.1 Overview of DR Protocol Assessment

This chapter presents the results of four efforts to assess the partially redesigned protocol used for the 2013 Dress Rehearsal (DR). The overall purpose of these assessments was to ensure that the revised questionnaire and protocol used for the 2013 DR will facilitate continued high quality and efficiency in the National Survey on Drug Use and Health (NSDUH) data collection when the partial redesign is implemented in 2015. ***Section 5.2*** presents a description of and results from a survey that was administered to field interviewers (FIs) at the training session. ***Section 5.3*** presents findings from a survey on the equipment used by FIs in the DR. ***Section 5.4*** provides selected data compiled from FI debriefing items completed for DR cases. ***Section 5.5*** provides key findings from the debriefing phone calls that were held with select FIs to discuss their experiences using the redesigned NSDUH interview protocol and tablet computer for screening. ***Section 5.6*** presents the complete results of field observations of DR FIs. Each section concludes with recommendations for the 2015 NSDUH.

5.2 Description and Results from DR FI Training Survey

5.2.1 Purpose and Development of the DR FI Training Survey

To gather reactions and suggestions from FIs about the DR FI training program for use in developing the 2015 NSDUH training programs, a brief electronic feedback survey was administered at the conclusion of the in-person FI training. FIs were asked about their satisfaction with the DR training program and materials and about their comfort level with properly performing various DR tasks. The complete set of DR FI training survey questions and a summary of the FI responses are provided in ***Appendix C***.

5.2.2 Procedures for Conducting the DR FI Training Survey

The DR FI training survey was administered at the conclusion of the DR training sessions on August 25 and 27, 2013. FIs completed the survey on their DR laptops during class and were to transmit the results to RTI at that time.

An introduction screen explained the purpose of the survey and the confidentiality of individual responses. Results were sent back to RTI via the NSDUH transmission system. Of the 135 DR FIs who successfully completed the DR FI training, 133 FIs completed and transmitted the survey.

5.2.3 Summary and Discussion of Results from the DR FI Training Survey

A summary of FI feedback on the DR FI training program and materials is in ***Table 5.1***, which provides the combined counts of FIs who *strongly agreed* or *agreed* to each of the statements. This table also includes counts for the same statements included in the feedback survey completed by FIs following the Questionnaire Field Test (QFT) FI training in

August 2012. ***Table 5.2*** shows how often FIs planned to use the DR handbook while also providing the counts from the same question asked during the QFT.

- When responding to the statements, "I feel ready to properly conduct the DR screening using the tablet" and "I feel ready to properly conduct the DR interview using the DR laptop," 98 percent of FIs *strongly agreed* or *agreed* to each of these statements.
- Overall, FIs were highly satisfied with the DR training program, with most FIs indicating they *strongly agreed* or *agreed* to the statements about training. As indicated in ***Table 5.1***, percentages were above 90 percent for 11 of the 12 statements.
- The response to the statement, "The overall pace of the DR FI Training Session was just right for me," was slightly less positive than the others, with 80 percent of the FIs responding that they *strongly agreed* or *agreed* with the statement.
- As shown in ***Table 5.1***, the percentages from the DR FI training survey are similar to the percentages from the feedback gathered in the survey conducted at the end of the QFT training program in August 2012.

Table 5.1 Field Interviewer (FI) Feedback on the FI Training Program

	DR FI Training Survey (August 2013)		QFT FI Survey 1 (August 2012)	
	Agree or Strongly Agree		Agree or Strongly Agree	
Statement	**(*n* = 133)[1]**	**%**	**(*n* = 160)**	**%**
"Reading the DR/QFT FI Handbook helped prepare me for training."	123	92	153	96
"Completing the DR/QFT iLearning course helped prepare me for training."	121	91	151	94
"The overall pace of the DR/QFT FI Training Session was just right for me."	106	80	131	82
"The paired screening and interview exercises completed during training were helpful."	122	92	N/A	N/A
"I feel ready to properly conduct DR/QFT screenings using the tablet."	130	98	154	96
"I feel ready to properly conduct DR/QFT interviews using the DR laptop."	130	98	152	95
"I feel ready to use the email program on the tablet."	121	91	N/A	N/A
"I am comfortable with the process to transmit wirelessly with the tablet (independent of the laptop)."	125	94	N/A	N/A
"I am comfortable with the process to transmit wirelessly with the DR laptop."	125	94	N/A	N/A
"Overall, I am satisfied with the training provided on the DR laptop."	128	96	N/A	N/A
"Overall, the training program has prepared me to properly complete all DR/QFT tasks."	127	95	156	98
"I enjoyed attending the DR/QFT FI Training Session."	125	94	149	93

DR = Dress Rehearsal; FI = field interviewer; N/A = not applicable; QFT = Questionnaire Field Test.

[1] See ***Section 2.3.2*** in ***Chapter 2*** for detailed information on the number of FIs hired for the DR.

Table 5.2 Field Interviewer (FI) Expectations on Referencing the FI Handbook before Data Collection

***FI Training Survey*: "How often do you think you will reference the DR/QFT FI Handbook?"**	**DR FI Training Survey (August 2013)**		**QFT FI Survey[1] (August 2012)**	
	(*n* = 133)[1]	**%**	**(*n* = 160)**	**%**
"Each day with DR/QFT work"	26	20	30	19
"Two to three times a week"	62	47	65	41
"Rarely, when unusual situations arise"	44	33	65	41
"Never"	1	1	0	0

DR = Dress Rehearsal; FI = field interviewer; QFT = Questionnaire Field Test.

[1] See *Section 2.3.2* in *Chapter 2* for detailed information on the number of FIs hired for the DR.

5.2.4 FI Comments on the DR FI Training Program

The DR FI training survey included one open-ended question that allowed FIs to comment on any aspect of the training program. Out of 133 DR FIs completing the survey, 69 FIs made comments. Comments were loosely grouped based on their overall content into the following areas: (a) comments about the training program and/or training staff, (b) comments about the hotel or other training logistics (such as travel), (c) comments about the DR equipment, and (d) other comments. Because a number of the comments included thoughts about more than one topic, exact counts are not presented to prevent counting some comments more than once. The complete set of raw comments is included in ***Appendix C***. As is appropriate for a training feedback survey, about three fourths of the comments submitted related to the training program and/or training staff.

- **Training Program**. Overall, these comments stated how thorough and organized the training program was, describing it as informative and excellent. Several comments expressed concerns about the pace of the training, with one comment saying it was too slow, while several others indicated that the pace was too quick. The paired exercises were mentioned in several comments and were described as excessive, or irritating, or difficult due to the size of the classroom.
- **Training Staff**. Most of the comments about the training staff described trainers as professional, helpful, prepared, and patient. A few comments stated that the trainers were "detached" or rude.
- **Hotel Facility**. Several comments were complimentary of the hotel facilities, while others expressed concerns about the classroom size and the fare served at breakfast.
- **Travel**. Several comments expressed concerns about the timing of scheduled travel arrangements and about the use of the metro rail between the airport and the hotel.
- **DR Equipment**. Several comments highlighted the positive aspects of the new equipment, such as its light weight and advanced technology. Two comments expressed concerns about using wireless technology, while one FI was concerned about having to repeatedly log on to the tablet while working.

5.2.5 Considerations for 2015 NSDUH Training

In planning for the 2015 NSDUH, further consideration will be given to several items noted in the feedback and comments received from the DR FI training survey, including the overall pace of training, paired screening and interview exercises, classroom size, and travel logistics.

Additionally, feedback received from the FI equipment survey (see ***Section 5.3***), FI debriefing items (see ***Section 5.4***), FI debriefing calls (see ***Section 5.5***), DR field observations (see ***Section 5.6***), and NSDUH staff serving as trainers at the DR training sessions will be considered during the development of an FI training plan for the 2015 NSDUH. In particular, DR trainers noted issues with some FIs being unfamiliar with the computer equipment (particularly the tablet), lacking knowledge of proper NSDUH procedures, and the unwillingness to follow protocol. The significance of these concerns warrants further discussion in order to mitigate these issues at future training sessions. Possible suggestions on ways to address these items within the training program design include (a) shipping the tablet to FIs prior to the training session to allow them the opportunity to practice independently on the equipment, (b) extending the training agenda and content to include extra training time on the equipment and NSDUH protocols and procedures, and (c) conducting a certification exercise at the conclusion of training to formally evaluate FIs on adherence to screening and interviewing procedures.

5.3 Description and Results for the FI Equipment Survey

5.3.1 Overview

A survey was developed and administered to FIs during the DR to gather FI feedback about the new equipment and program modifications that were implemented and tested during the DR, including the following:

- A new device for conducting NSDUH's computer-assisted interviewing (CAI) interviews was selected for field-based evaluation—the Samsung Series 9 laptop. This laptop was chosen for its small size, light weight, and bright, crisp screen display, which made it highly portable and easy to see.
- Smaller carrying cases were purchased to fit the new laptop.
- The QFT CAI instrument was modified to fit the 13.3-inch display of the Samsung laptop, and all of the DR FIs used the new laptop and its CAI program to conduct DR interviews.

In addition to the new laptop, a few changes were made to the DR tablet that was used for screening, including the following:

- An email program was configured on the tablet to enable FIs to send and receive messages to and from their field supervisors (FSs) and other NSDUH staff members.
- An optional keyboard (the "hacker's" keypad) was added for use during screening to supplement the default Samsung keyboard because it more closely resembled the iPAQ keyboard by displaying numbers across the top line of the keyboard.

- Independent wireless transmission functionality was incorporated into the DR screening program so that FIs could transmit screening data or receive new cases from the field on any public Wi-Fi network.

The equipment survey included a combination of customized questions used in previous equipment evaluations and a number of questions adapted from the System Usability Scale (SUS),[22] which is an industry standard scale for measuring the usability of hardware and software that was first developed and published by engineers at the Digital Equipment Corporation (DEC) in 1986. The complete set of questions and responses to the equipment survey are included in ***Appendix D***.

The equipment survey was sent to all of the DR FIs on their DR laptops via the transmission system on October 7, 2013. The FIs were given 1 week to complete the survey and transmit results back to RTI. Of the 135 FIs who completed and passed the DR training session, 125 FIs completed the survey. Ten FIs did not complete the survey for one of the following reasons:

- they did not work any DR cases,
- they were unavailable because of travel assignments for their quarter 4 main study work, or
- they took a leave of absence (LOA) from their NSDUH work at the time the survey was released.

5.3.2 Feedback from the FI Equipment Survey

A summary of feedback provided by the FIs on the new laptop and tablet features is provided in the following paragraphs. Results for *all* FIs, including both English only and bilinguals, are presented first in the tables and figures, followed by results for bilingual FIs only.

As shown in ***Tables 5.3*** and ***5.4*** the FIs were highly satisfied with the laptop as an interviewing device and would prefer to use it for their NSDUH fieldwork. The vast majority reported that the laptop was easy to use and that they did not require technical assistance to become acclimated to it. In fact, they learned to use it quickly, felt confident while using it, and were satisfied with the training they were given. Also, the FIs were satisfied with the laptop's physical features and felt that the display was large enough and bright enough for presenting the NSDUH interview. The FIs were highly satisfied with the weight of the laptop, and many of the FIs commented in the open-ended question that they enjoyed the light weight of the laptop. Most of the FIs reported that the touchpad and keyboard were easy to use, although a small number of the FIs commented in the open-ended question that they felt that the function keys were too small and were hard to read and that the labels were not close enough to the keys. The FIs were less satisfied with the carrying case provided for the laptop, and many of the FIs commented that the diagonal design of the strap was problematic because it interfered with the zippers and made it difficult to access the case's center pockets. This finding also arose during the FI debriefing

[22] For details, see the following online reference: Brooke, J. (n.d.). *SUS - A quick and dirty usability scale*. Retrieved from http://hell.meiert.org/core/pdf/sus.pdf.

calls (see ***Section 5.5***). A couple of the FIs commented that there were too many zippered pockets, which made it inconvenient and hard to access stored materials.

The equipment survey also asked the FIs about their experiences using the tablet email program. As shown in ***Tables 5.5*** and ***5.6***, the majority of the FIs (79 percent among all FIs and 84 percent among bilingual FIs) used the tablet email program at least a few times a month to communicate with their supervisors or other NSDUH staff.

Among those FIs who used the email program, the majority were highly satisfied with it, as shown in ***Tables 5.7*** and ***5.8***. Most of the FIs reported that the email program was simple and straightforward as well as easy to use. They were able to send and receive email without needing technical assistance, learned to use the email program quickly, and felt confident using the program. Most of the FIs were satisfied with the training provided on the email program and would like to use the email program on a regular basis. A number of the FIs commented that the email program was easy to use and that they liked being able to reply to their FS messages, which "made communicating easy and quick." A couple of the FIs mentioned that they did not use email as much because of the small DR caseload or because they received only a couple of FS messages. Other FIs mentioned that they preferred to use the personal email program on their home computer or smartphone. A couple of the FIs mentioned that they would like a little more training or refresher training on the email program.

Table 5.3 All Field Interviewers' Satisfaction with the Samsung Laptop (*n* = 125)

	DR Equipment Survey	
	Agree or Strongly Agree	
1. FI Satisfaction with the Samsung Laptop	***n***	**%**
a. The laptop was easy to use.	119	95
b. I was able to use the laptop without needing technical assistance.	113	90
c. I learned to use the laptop quickly.	120	96
d. I felt confident using the laptop.	120	96
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	119	95
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	120	96
g. I was satisfied with the weight of the laptop.	121	97
h. I found the layout of the laptop keyboard easy to use.	115	92
i. The laptop's touchpad was easy to use.	116	93
j. I was satisfied with the carrying case provided for the laptop.	91	73
k. I was satisfied with the training provided on the laptop.	119	95
l. I would prefer to use this laptop for my field work.	120	96

DR = Dress Rehearsal; FI = field interviewer; LOA = leave of absence; *n* = number; NSDUH = National Survey on Drug Use and Health.

NOTE: A total of 10 FIs were unable to complete the survey because they were on an LOA, they were traveling for the main study, or they did not work any DR cases.

Table 5.4 Bilingual Field Interviewers' Satisfaction with the Samsung Laptop (*n* = 39)

1. Bilingual FI Satisfaction with the Samsung Laptop	DR Equipment Survey Agree or Strongly Agree	
	n	%
a. The laptop was easy to use.	35	90
b. I was able to use the laptop without needing technical assistance.	34	87
c. I learned to use the laptop quickly.	37	95
d. I felt confident using the laptop.	37	95
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	37	95
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	37	95
g. I was satisfied with the weight of the laptop.	37	95
h. I found the layout of the laptop keyboard easy to use.	34	87
i. The laptop's touchpad was easy to use.	36	92
j. I was satisfied with the carrying case provided for the laptop.	26	67
k. I was satisfied with the training provided on the laptop.	37	95
l. I would prefer to use this laptop for my field work.	37	95

DR = Dress Rehearsal; FI = field interviewer; LOA = leave of absence; *n* = number; NSDUH = National Survey on Drug Use and Health.

Table 5.5 All Field Interviewers' Frequency of Tablet Email Use (*n* = 125)

3. During the Dress Rehearsal, how often did you use the email program on the tablet to communicate with your FS or other NSDUH staff members?	DR FI Equipment Survey	
	n	%
Each day	6	5
Two to three times a week	39	31
A few times a month	54	43
Never	26	21

DR = Dress Rehearsal; FI = field interviewer; FS = field supervisor; *n* = number; NSDUH = National Survey on Drug Use and Health.

Table 5.6 Bilingual Field Interviewers' Frequency of Tablet Email Use (*n* = 39)

3. During the Dress Rehearsal, how often did you use the email program on the tablet to communicate with your FS or other NSDUH staff members?	DR FI Equipment Survey	
	n	%
Each day	4	10
Two to three times a week	9	23
A few times a month	20	51
Never	6	15

DR = Dress Rehearsal; FI = field interviewer; FS = field supervisor; *n* = number; NSDUH = National Survey on Drug Use and Health.

Table 5.7 All Field Interviewers' Satisfaction with the Tablet Email Program (*n* = 99)

4. FI Satisfaction with the Tablet Email Program	DR Equipment Survey Agree or Strongly Agree	
	n	%
a. I found the email program on the tablet to be simple and straightforward.	90	91
b. The email program was easy to use.	92	93
c. I was able to use the email program without needing technical assistance.	91	92
d. I learned to use the email program quickly.	90	91
e. I felt confident using the email program on the tablet.	91	92
f. I was satisfied with the training provided on the email program.	88	89
g. I would like to use the email program on a regular basis.	80	81

DR = Dress Rehearsal; FI = field interviewer; *n* = number.

NOTE: FIs who reported in question 3 of the survey that he or she had never used the tablet email program were not asked this set of questions about using the tablet email program.

Table 5.8 Bilingual Field Interviewers' Satisfaction with the Tablet Email Program (*n* = 33)

4. Bilingual FI Satisfaction with the Tablet Email Program	DR Equipment Survey Agree or Strongly Agree	
	n	%
a. I found the email program on the tablet to be simple and straightforward.	33	100
b. The email program was easy to use.	33	100
c. I was able to use the email program without needing technical assistance.	31	94
d. I learned to use the email program quickly.	33	100
e. I felt confident using the email program on the tablet.	32	97
f. I was satisfied with the training provided on the email program.	30	91
g. I would like to use the email program on a regular basis.	29	88

DR = Dress Rehearsal; FI = field interviewer; *n* = number.

NOTE: FIs who reported in question 3 of the survey that he or she had never used the tablet email program were not asked this set of questions about using the tablet email program.

The DR screening program was configured with two different keyboards—the default Samsung keypad that is built into the Android operating system and the hacker's keypad that was installed separately. FIs accessed the hacker's keypad from any screen that required use of the keypad by tapping the keypad icon displayed at the bottom of the screen and changing the setting from Samsung keypad to the hacker's keypad. The hacker's keypad was then displayed on that screen and all subsequent screens in which a keypad was needed to enter data. The same process was used to switch back to the Samsung keypad.

All DR FIs were shown how to access and switch between both keypads during their in-person training session. For consistency, FIs were instructed to use the Samsung keypad at the training session and were given the option to select the keypad that best suited their needs once

they entered the field. When asked about their preference for the tablet keypad, the vast majority of the FIs indicated that they preferred the Samsung keypad, as shown in ***Figures 5.1*** and ***5.2***.

Figure 5.1 All Field Interviewers' Tablet Keypad Preference

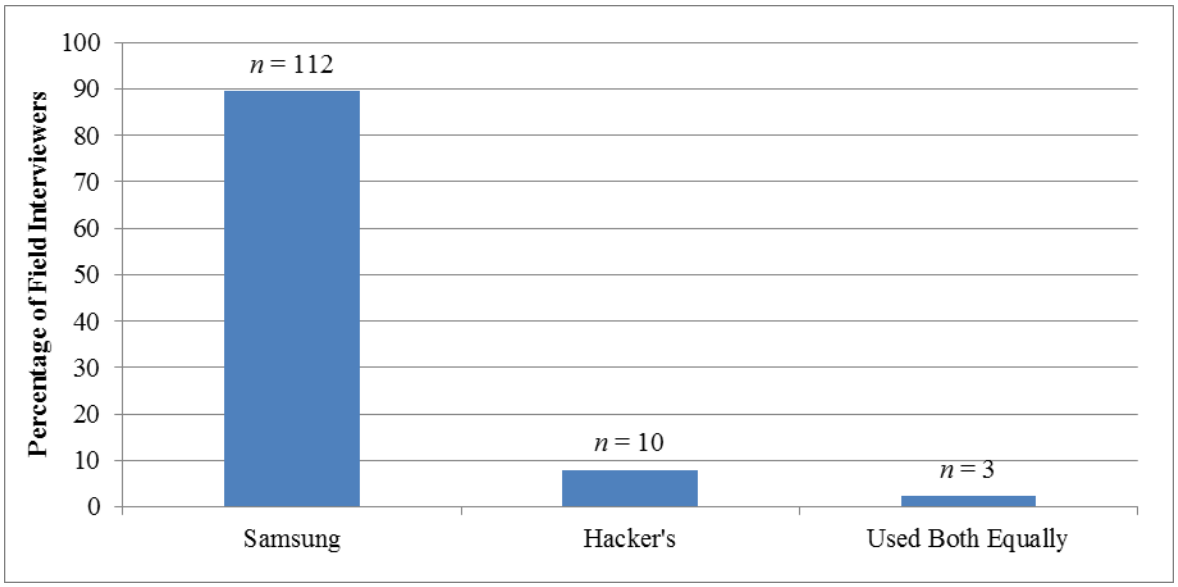
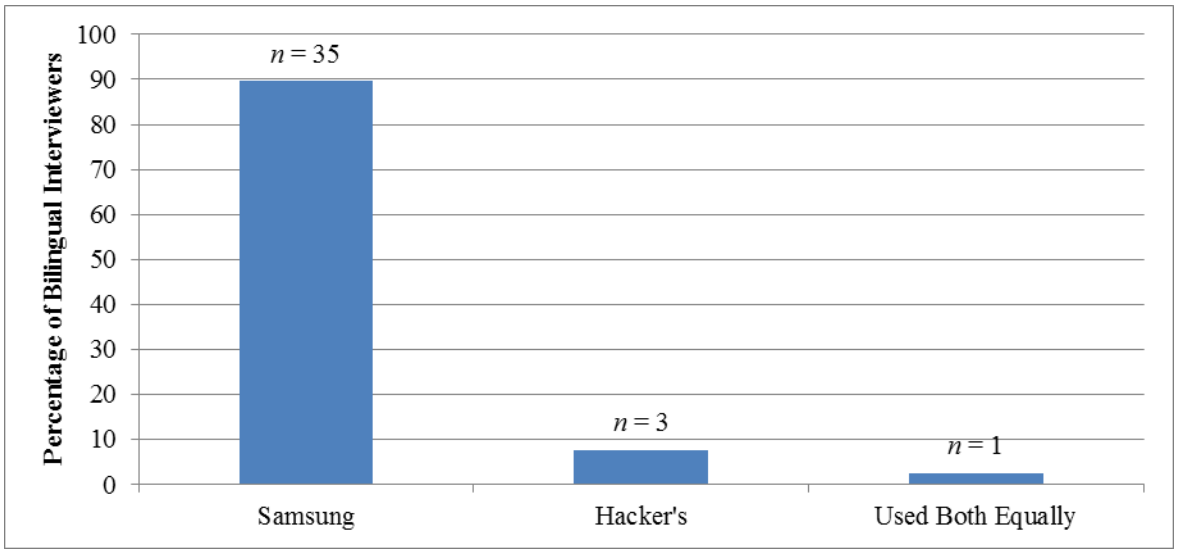


Figure 5.2 Bilingual Field Interviewers' Tablet Keypad Preference



Finally, the equipment survey asked about FI satisfaction with the independent wireless transmission functionality that was incorporated into the DR screening program. The vast majority of the FIs were highly satisfied with the tablet transmission functionality, as shown in ***Figures 5.3*** and ***5.4***. Also, many of the FIs commented that they enjoyed being able to transmit wirelessly from the tablet, which they found more convenient when they needed to pick up new cases in the field or at home when they did not complete any interviews.

Figure 5.3 All Field Interviewers' Satisfaction with the Tablet's Wireless Transmission

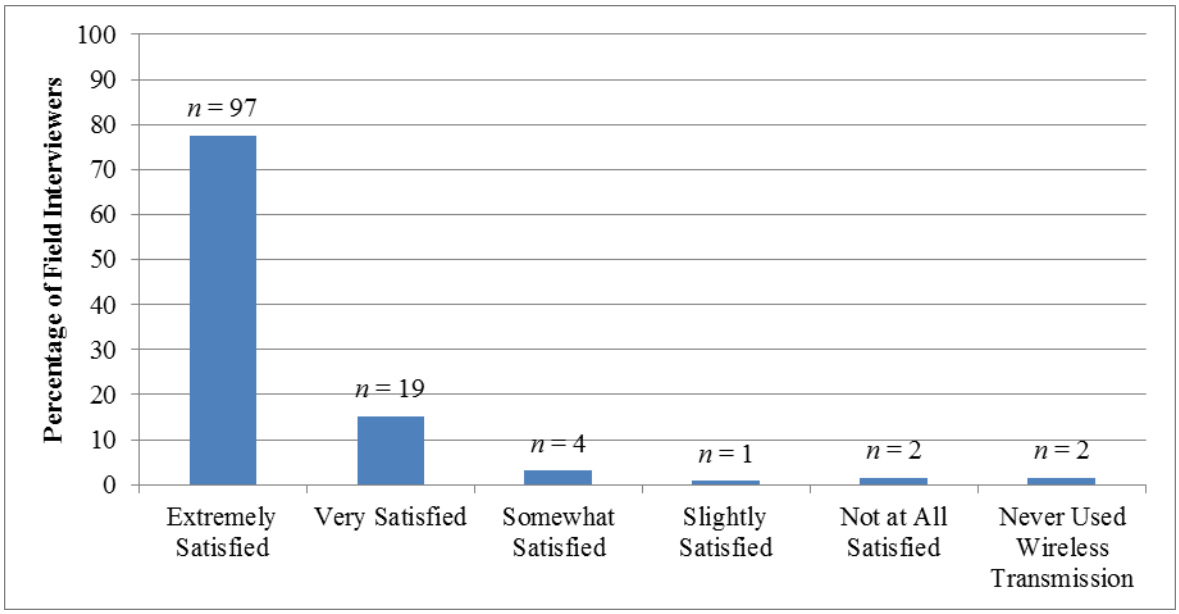
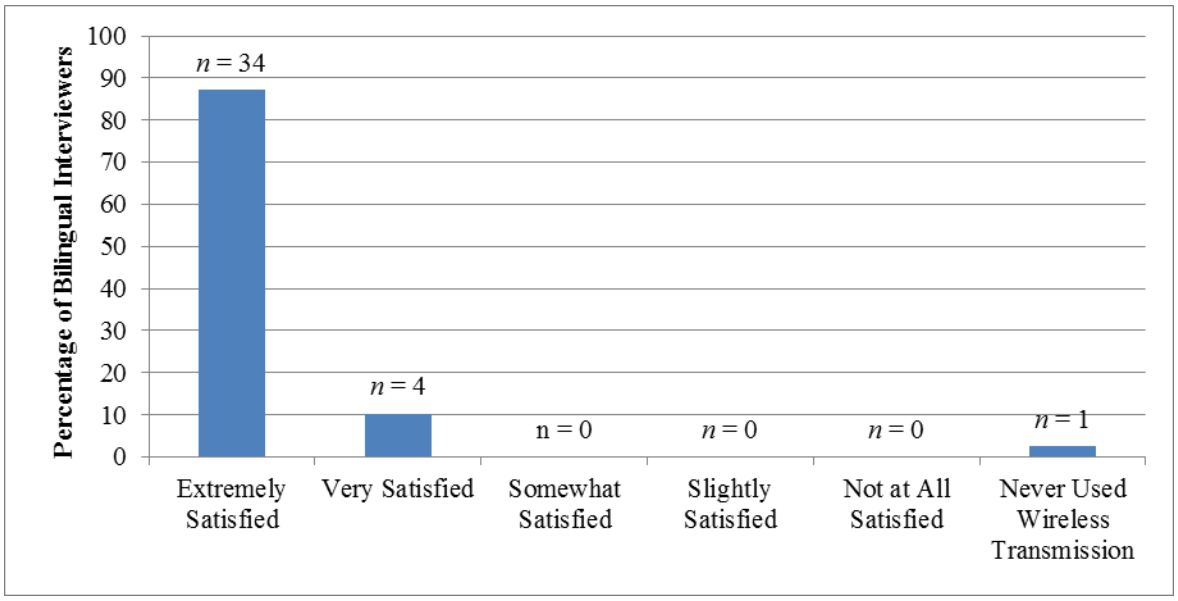


Figure 5.4 Bilingual Field Interviewers' Satisfaction with the Tablet's Wireless Transmission



In addition, the data gathered from the data processing systems revealed that the FIs made frequent use of the independent tablet transmission functionality. During the DR, 2,330 transmissions (51 percent) were completed using the independent tablet transmission function, while 2,206 (49 percent) transmissions were completed using the traditional method in which the tablet is tethered to the laptop.

5.3.3 Summary of Results

Overall, the results of the equipment survey indicate that the FIs were highly satisfied with the new equipment and programs deployed in the DR although the laptop carrying case was

a common area of concern. Most of the FIs indicated that the light weight of the laptop was a significant advantage, and they also felt that it was easy to learn and easy to use. New tablet features that included a two-way email program and independent tablet transmission functionality were also popular among the FIs and were used on a regular basis. The FIs overwhelmingly preferred the default Samsung keypad over the hacker's keypad.

FIs had lower levels of satisfaction with the laptop carrying case and expressed some concern with the touchpad and keyboard. The FIs were less than satisfied with the carrying case provided for the laptop. The FIs consistently reported in their open-ended comments that the design of the laptop carrying case was problematic, which was primarily due to the diagonal design of the shoulder strap that connected to the front and back of the bag. This design made it difficult to open and close zippered pockets and made the bag hard to carry on the shoulder. Also, the FIs reported that the multiple zippered pockets made it inconvenient and hard to access items stored in the bag. A couple of the FIs also did not feel there was enough space in the bag for all of the materials and equipment. In the open-ended question about the laptop, a number of the FIs commented that the function keys on the laptop were very small and hard to read and that the standard labels did not match up properly with the keys.

5.3.4 Next Steps for Future Hardware and Software Deployment

Given these equipment survey results, the following steps are being considered with respect to full-scale equipment deployment and future program implementations:

1. A new method should be explored for labeling the function keys on the laptop to make them more easily identifiable.
2. A laptop carrying case with a different design should be explored for future use. A design more suitable for FI use would include a single zippered pocket with multiple interior pockets and a strap that connects to the sides of the case.
3. The tablet email program should be incorporated into future deployment of the tablet because it was a popular feature among the FIs and provided an easy way for them to communicate with their FSs.
4. The independent wireless transmission function built into the screening program was useful for both field-based and at-home transmissions of case data. This functionality should be incorporated into future versions of the NSDUH screening program.
5. The default Samsung keypad is suitable for FI use, and an alternate keypad option is not needed in future versions of the screening program.

5.4 DR FI Debriefing Item Results

5.4.1 Purpose of the Debriefing Items

The FI debriefing items used in the DR can provide valuable insight on the redesigned protocol in 2015. These FI debriefing questions were administered at the end of each interview as part of the revised interview protocol. The debriefing items unique to the DR included questions on respondent reactions to the new laptop computer that was used to administer the

survey. Debriefing items that were introduced in the QFT and repeated for the DR included questions on when the FIs gave respondents the question and answer (Q&A) brochure, whether respondents expressed any difficulties with or reactions to certain features of the revised protocol (such as comments about the laptop), the use of on-screen calendars in the audio computer-assisted self-interviewing (ACASI) section of the questionnaire, and proxy respondent use of ACASI. Finally, DR interviewers were asked debriefing questions from the main survey on the interview location and the privacy of the interview. Although this reporting depends largely on unprompted information being supplied by interview respondents, these items may provide valuable information that can be unobtrusively used to identify potential problems with the redesigned protocol's new features. Specifications for the DR field interviewer debriefing items are provided in ***Appendix E***.

5.4.2 Results from the Debriefing Items

Tables 5.9, ***5.10***, and ***5.11*** present information on FI reports of respondents' comments about the laptop. First, ***Table 5.9*** shows whether respondents made any comments about the laptop among three categories: "Yes, Positive Comments," "Yes, Negative Comments," or "No." Most of the respondents (84.5 percent) did not make any comments about the laptop. As shown in ***Table 5.10***, among those respondents who provided positive comments, "The laptop was lightweight" (79.9 percent) was by far the most frequently endorsed positive comment about the laptop, followed by "The keyboard was easy to use" (10.2 percent), then "The screen was large or clear or easy to read" (5.5 percent). A review of the "Other" text responses showed that most of these comments were that the laptop was thin, "nice," "high-tech," modern, or otherwise attractive.

FIs reported very few negative comments from respondents about the laptop. Only 1.7 percent of respondents provided a negative comment (***Table 5.9***). As shown in ***Table 5.11***, among those who provided a negative comment, the most frequently mentioned was that "The keyboard was hard to use" (47.2 percent), problems specifically with the function keys, which respondents are instructed to use to back up to a previous screen, view the calendar, or enter "don't know" or "refused" as a response (33.3 percent), then by the comment that "The laptop was too hot" (2.8 percent). Among those choosing "Other" as a response, 12 respondents indicated problems with the function keys, which respondents are instructed to use to back up to a previous screen, view the calendar, or enter "don't know" or "refused" as a response.

Table 5.9 Comments about the Laptop

DRDBF4 – Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about respondent's use of the laptop. *Check all that apply*.	***n***	**%**
Yes, Positive Comments	293	14.0
Yes, Negative Comments	36	1.7
No	1,771	84.5
TOTAL	**2,097**	**100.0**

NOTE: Percentages do not sum to 100 percent because of rounding.

NOTE: Interviewer may have indicated that the respondent provided both positive and negative comments.

Table 5.10 Positive Comments about the Laptop

DRDBF4a – Which one or more of the following best describes the positive comments the respondent made about the laptop? *Check all that apply*.	***n***	**%**
The screen was large or clear or easy to read	16	5.5
The laptop was lightweight	234	79.9
The keyboard was easy to use	30	10.2
Thin laptop	20	6.8
Nice in general	17	5.8
High-tech, modern, sleek, attractive, etc.	14	4.8
Want to buy/own this	12	4.1
Other	26	8.9
TOTAL	**293**	**100.0**

NOTE: Percentages are based on 293 "Yes, Positive Comments" answers to DRDBF4; more than one response could be chosen.

Table 5.11 Negative Comments about the Laptop

DRDBF4b – Please describe the negative comments the respondent made about the laptop. *Check all that apply*.	***n***	**%**
There were problems reading the screen	5	13.9
The laptop was too hot	1	2.8
The laptop was too heavy	0	0.0
The layout of questions was problematic	0	0.0
The keyboard was hard to use	17	47.2
There were problems with the volume or sound	0	0.0
Problems specifically with function keys	12	33.3
Other	10	27.8
TOTAL	**36**	**100.0**

NOTE: Percentages are based on the 36 "Yes, Negative Comments" answers to DRDBF4; more than one response could be chosen.

Tables 5.12 and ***5.13*** provide FI comments about the laptop by respondent age and education, respectively. In general, very few differences were observed by either age or education in the proportions of respondents providing positive or negative comments. When comments were provided about the laptop, they were largely positive across most age groups and education levels. One exception was that, among persons aged 65 or older, about as many respondents provided negative comments as did those who provided positive comments.

Table 5.12 Comments about the Laptop, by Interview Respondent Age

DRDBF4 – Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about respondent's use of the laptop. *Check all that apply*.	**Interview Respondent Age**									
	12 to 17 (*n* = 505)		**18 to 25 (*n* = 529)**		**26 to 49 (*n* = 734)**		**50 to 64 (*n* = 187)**		**65 or Older (*n* = 132)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes, Positive Comments	62	12.3	72	13.6	101	13.8	37	19.8	19	14.4
Yes, Negative Comments	2	0.4	4	0.8	7	1.0	6	3.2	16	12.1
No	440	87.1	452	85.4	627	85.4	144	77.0	99	75.0

Table 5.13 Respondent Comments on the Laptop, by Interview Respondent Education

DRDBF4 – Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about respondent's use of the laptop. *Check all that apply*.	Interview Respondent Education							
	< High School (*n* = 291)		**High School Graduate (*n* = 440)**		**Some College (*n* = 530)**		**College Graduate (*n* = 321)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes, Positive Comments	34	11.7	61	13.9	85	16.0	49	15.3
Yes, Negative Comments	4	1.4	16	3.6	7	1.3	6	1.9
No	253	86.9	366	83.2	437	82.5	266	82.9

Table 5.14 shows the timing of providing the Q&A brochure to the respondents. Nearly 80 percent of the FIs (79.8 percent) reported that they provided the Q&A brochure at the end of the interview, and 19.5 percent of the FIs reported that they provided the Q&A brochure before the interview. The percentage of FIs who provided the Q&A brochure during the interview was minimal (0.6 percent). These percentages are relatively similar to those reported for the QFT, in which 73 percent of the FIs reported providing the brochure at the end of the interview and 25 percent before the interview.

Table 5.14 Timing of Providing Q&A Brochure

DRDBF1 – When did you give the respondent (or parent/guardian of youth respondent) the Q&A [question and answer] brochure?	***n***	**%**
Before the interview	406	19.5
During the interview	13	0.6
At the end of the interview	1,666	79.8
TOTAL	**2,085**	**99.9**

Table 5.15 shows that FIs reported in 13.2 percent of completed interviews that the respondent commented that the interview was too long, which is similar to the 12.8 percent reported in the QFT. ***Table 5.16*** shows that a larger percentage of respondents aged 50 to 64 (21.4 percent) and those aged 65 or older (36.4 percent) made comments about the interview being too long compared with respondents in other age groups (which ranged from 6.6 to 15.3 percent). This is similar to the finding from the QFT that older respondents were more likely to comment on the interview being too long. ***Table 5.17*** shows that more than twice as many respondents with less than a high school education commented that the interview was too long compared with respondents with higher levels of education. This finding is also similar to the results observed in the QFT.

Table 5.15 Respondent Comments on the Interview Being Too Long

DRDBF8 – Did the respondent make any comments about the interview being too long?	***n***	**%**
Yes	275	13.2
No	1,810	86.7
TOTAL	**2,085**	**99.9**

Table 5.16 Respondent Comments on the Interview Being Too Long, by Interview Respondent Age

DRDBF8 – Did the respondent make any comments about the interview being too long?	Interview Respondent Age									
	12 to 17 (*n* = 505)		**18 to 25 (*n* = 529)**		**26 to 49 (*n* = 734)**		**50 to 64 (*n* = 187)**		**65 or Older (*n* = 132)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	40	7.9	35	6.6	112	15.3	40	21.4	48	36.4
No	464	92.1	493	93.4	622	84.7	147	78.6	84	63.6

Table 5.17 Respondent Comments on the Interview Being Too Long, by Interview Respondent Education

DRDBF8 – Did the respondent make any comments about the interview being too long?	Interview Respondent Education							
	< High School (*n* = 291)		**High School Graduate (*n* = 440)**		**Some College (*n* = 530)**		**College Graduate (*n* = 321)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	76	26.1	59	13.4	63	11.9	37	11.5
No	215	73.9	381	86.6	466	88.1	284	88.5

NOTE: Interview Respondent Education is shown only for persons aged 18 or older.

Tables 5.18 and *5.19* show whether respondents had questions or comments on the on-screen calendars in the ACASI section of the questionnaire and if so the types of comments that they had. Almost 99 percent (2,057 out 2,085) of the respondents did not have any questions or comments about the on-screen calendar. The most frequently mentioned comment reported by FIs on the on-screen calendar was that respondents asked how to close the calendar (41.4 percent of those who reported any comment).

Table 5.18 Any Interview Respondent Questions or Comments on On-Screen Calendars

DRDBF9 – Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** [audio computer-assisted self-interviewing] section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."	***n***	**%**
Yes	28	1.3
No	2,057	98.6
TOTAL	**2,085**	**99.9**

Table 5.19 Types of Interview Respondent Questions or Comments on On-Screen Calendars

DRDBF9a – What comments did the respondent [R] make about the on-screen calendars?	***n***	**%**
The R asked how to access the calendar.	7	24.1
The R asked how to close the calendar.	12	41.4
The R did not see the reference dates on the calendar.	1	3.4
The calendar helped the R answer the question.	1	3.4
The calendar covered the questions or the images on the screen.	2	6.9
Other	8	27.6

NOTE: Percentages are based on the 28 "Yes" answers to DRDBF9; more than one response could be chosen.

Additionally, ***Table 5.20*** shows that 10.3 percent of the FIs reported that the respondent had trouble understanding any other questions asked during the interview. This is similar to the 9.5 percent of interviews in the QFT in which the FI reported that the respondent had trouble with any other question.

Table 5.20 Interview Respondents' Troubles with Other Questions

DRDBF10 – Did the respondent have trouble understanding any **other questions** asked during the interview?	***n***	**%**
Yes	215	10.3
No	1,870	89.6
TOTAL	**2,085**	**99.9**

FIs used a text field to provide additional information on other questions that respondents reported difficulties in understanding. One FI reported that a respondent was not sure how to enter a response of 8 months on item HLTH30 (age first diagnosed with a heart condition or heart disease). A value of 1 is the lowest possible value that can be entered for this item. None of the similar items in the health module asking for the age at which the respondent was first diagnosed with a health condition (including cancer) provide instructions on how to enter an age of less than 1 year old. Although this was only reported in one interview, it does raise the question of whether these items should accommodate medical conditions that can be diagnosed younger than 1 year old. The conditions asked about in the health module vary as to whether they can be diagnosed in infancy. For example, cirrhosis of the liver occurs because of the accumulation of repeated health insults over time, so it is unlikely to be diagnosed in infancy. On the other hand, infectious diseases such as HIV and hepatitis can arise during infancy.

Table 5.21 shows that 28.8 percent of FIs (600 out of 2,085) reported the use of a proxy for the income and health insurance questions. ***Table 5.22*** shows that FIs more frequently reported the use of a proxy for younger respondents than older respondents except among those in the 65 or older age group. The QFT sample also showed a similar proportion of respondents using proxies. Similar to the findings from the QFT and the main study, the DR results in ***Table 5.22*** show that about 85 percent of respondents aged 12 to 17 in the DR used a proxy to report on the income and health insurance questions. Proxy usage was much lower for other age groups.

Table 5.21 Proxy Used for Income and Health Insurance Questions

DRDBF11 – Was a proxy used for the income and health insurance questions?	***n***	**%**
Yes	600	28.8
No	1,485	71.2
TOTAL	**2,085**	**100.0**

Table 5.22 Proxy Used for Income and Health Insurance Questions, by Interview Respondent Age

DRDBF11 – Was a proxy used for the income and health insurance questions?	**Respondent Age**									
	12 to 17 (*n* = 505)		**18 to 25 (*n* = 529)**		**26 to 49 (*n* = 734)**		**50 to 64 (*n* =187)**		**65 or Older (*n* = 132)**	
	n	**%**	***n***	**%**	***n***	**%**	***n***	**%**	***n***	**%**
Yes	430	85.3	82	15.5	61	8.3	13	7.0	14	10.6
No	74	14.7	446	84.5	673	91.7	174	93.0	118	89.4

Among the 600 respondents in which the FI reported the use of a proxy, only 5 respondents (0.8 percent) had concerns about revealing their answers to the proxy respondent (***Table 5.23***), and only 12 respondents (2.0 percent) had questions or comments about the proxy interview (***Table 5.24)***. These results are similar to those from the QFT sample, in which 0 percent of FIs reported any respondent concerns about revealing answers to proxy respondents.

Table 5.23 Interview Respondent Concerns about Revealing Answers to Proxy Respondent

DRDBF13 – Did the **respondent** have any questions or concerns about his/her answers being revealed to the proxy?	***n***	**%**
Yes	5	0.8
No	595	99.2
TOTAL	**600**	**100.0**

NOTE: Percentages are based on the 600 "Yes" answers to DRDBF11.

Table 5.24 Interview Respondent Questions or Comments about Proxy Interview

DRDBF14 – Did the **respondent** have any other questions or comments about the proxy interview?	***n***	**%**
Yes	12	2.0
No	588	98.0
TOTAL	**600**	**100.0**

NOTE: Percentages are based on the 600 "Yes" answers to DRDBF11.

In contrast, 7.0 percent of the FIs indicated that there were problems with the proxy use of ACASI to answer the income and health insurance questions (***Table 5.25***). Although this is a low proportion, this appears to be higher than the 3.5 percent of interviews in the QFT in which an FI reported a problem with a proxy's use of ACASI. Some of this difference may be attributable to the inclusion of Spanish-language interviews or the oversample of Hispanics in the DR sample. Among the 600 interviews in which a proxy was reported by an FI, 55 were completed in Spanish. In 6 out of the 55 interviews conducted in Spanish (10.9 percent), a problem was reported with the proxy's use of ACASI. Among the interviews conducted in English, such problems were reported in 6.6 percent of such interviews. Similarly, among Hispanic respondents, a problem with the proxy's use of ACASI was reported in 8.7 percent of the interviews as compared with 5.8 percent among non-Hispanics. Although the inclusion of the Spanish-language interview and the oversample of Hispanics in the DR sample may have contributed somewhat to the difference of reporting problems with proxy use between the DR and QFT samples, it was also the case that the English-language interviews and interviews completed with non-Hispanic respondents alone reported higher percentages of problems with a proxy's use of ACASI in the DR than in the QFT sample.

Among the types of problems with a proxy's use of ACASI to answer the income and health insurance questions (***Table 5.26***), technical difficulty that the proxy did not know how to enter his or her answer to the question (35.7 percent) had the highest percentage, followed by "The proxy did not know the answers to the questions" (14.3 percent) and "The proxy did not know why he/she was asked to answer these questions" (11.9 percent).

Table 5.25 Problems with Proxy's Use of ACASI to Answer Income and Health Insurance Questions

DRDBF12 – Were there any problems with the **proxy's** use of ACASI [audio computer-assisted self-interviewing] to answer the income and health insurance questions?	***n***	**%**
Yes	42	7.0
No	558	93.0
TOTAL	**600**	**100.0**

NOTE: Percentages are based on the 600 "Yes" answers to DRDBF11.

Table 5.26 Types of Problems with Proxy's Use of ACASI to Answer Income and Health Insurance Questions

DRDBF12a – Which of the following describes the problems with the **proxy's** use of ACASI [audio computer-assisted self-interviewing] in answering the income and health insurance questions? *Check all that apply.*	***n***	**%**
The proxy **did not know the answers** to the questions.	6	14.3
The proxy did not know **how to enter** his/her answers to the questions.	15	35.7
The proxy **refused** to answer some questions.	1	2.4
The proxy did not know **why he/she was asked** to answer these questions.	5	11.9
Language issues	4	9.5
Interpretation issues	4	9.5
Other	**14**	**33.3**

NOTE: For responses of "OTHER," follow-up information was not collected.

NOTE: Percentages are based on the 42 "Yes" answers to DRDBF12; more than one response could be chosen.

Tables 5.27 and ***5.28*** present information on the location where the interviews were conducted in the DR and the comparison samples. In all three samples, 98 percent of the interviews were conducted in a respondent's home (***Table 5.27***). The specific locations where the interviews took place other than in a respondent's home are shown in ***Table 5.28***. In general, the distribution of locations outside a respondent's home in the 2012 and 2013 quarters 3 and 4 comparison samples were very similar, while those for the DR sample were different. For example, about 11 percent of the interviews in the 2012 and 2013 comparison samples were conducted in the home of a friend or relative of the respondent, while almost 29 percent of those in the DR sample were conducted in such locations. These differences should be interpreted with caution because only 38 DR interviews total were conducted outside the respondent's home.

Table 5.27 Interviews Conducted at Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF2 – Did you conduct this interview at the respondent's home, either inside or outside?	**2012 Comparison**		**2013 Comparison**		**2013 Dress Rehearsal**	
	n	**%**	***n***	**%**	***n***	**%**
Yes	65,445	98.4	31,634	98.4	2,047	98.1
No	1,078	1.6	520	1.6	38	1.8

NOTE: Some percentages do not sum to 100 percent because of rounding.

Table 5.28 Interview Location Not at Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF3 – Where did you conduct this interview?	2012 Comparison		2013 Comparison		2013 Dress Rehearsal	
	n	**%**	***n***	**%**	***n***	**%**
At the respondent's workplace	226	21.0	94	18.1	6	15.8
At the home of the respondent's relative or friend	118	10.9	56	10.8	11	28.9
In some type of conference room in a residence hall, school or apartment complex	239	22.2	126	24.2	2	5.3
At a library	204	18.9	98	18.8	7	18.4
In some type of common area, such as a lobby, hallway, stairwell, or laundry room	140	13.0	74	14.2	2	5.3
Some other place	151	14.0	72	13.8	10	26.3

NOTE: Percentages are based on the 1,078, 520, and 38 "No" answers to FIDBF01 (2012), FIDBF01 (2013), and DRDBF2, respectively.

NOTE: Some percentages do not sum to 100 percent because of rounding.

Using results from the 2012 and 2013 quarters 3 and 4 comparison samples and the DR sample, ***Tables 5.29*** and ***5.30*** show the FI evaluation of interview privacy at the respondent's home and further details on the presence of others during the interview. ***Table 5.29*** shows that 75 percent of the interviews in the DR were rated as completely private, which was lower than that reported for both the 2012 main study (82.0 percent) and the 2013 quarters 3 and 4 comparison sample (82.6 percent). This lower frequency of having complete privacy appears to be related to the higher level of minor distractions reported in the DR (16.6 percent) compared with the 2012 and 2013 comparison samples (13.4 and 13.1 percent, respectively). That is, when the percentages for the two categories of "completely private" and "minor distractions" are combined, 91.6 percent of the interviews in the DR were considered as such, which was similar to that of the QFT, although it was still a bit low compared with that of 2012 and 2013 comparison samples (95.4 and 95.7 percent, respectively).

Table 5.29 Field Interviewer Evaluation of Interview Privacy in Respondent's Home for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF5 – Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.	2012 Comparison		2013 Comparison		2013 Dress Rehearsal	
	n	**%**	***n***	**%**	***n***	**%**
Completely private–no one was in the room or could overhear any part of the interview	54,591	82.0	26,565	82.6	1,565	75.0
Minor distractions–person(s) in the room or listening less than 1/3 of the time	8,911	13.4	4,207	13.1	347	16.6
Person(s) in the room or listening about 1/3 of the time	1,150	1.7	546	1.7	56	2.7
Serious interruptions of privacy more than half the time	283	0.4	121	0.4	13	0.6
Constant presence other person(s)	1,588	2.4	715	2.2	104	5.0

NOTE: Some percentages do not sum to 100 percent because of rounding.

Table 5.30 Field Interviewer Reports of Others Present during Interview for the 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

DRDBF6 – Not including yourself or project observers, other people present or listening to the interview were:	**2012 Comparison**		**2013 Comparison**		**2013 Dress Rehearsal**	
	n	**%**	***n***	**%**	***n***	**%**
Parent(s)	5,298	44.4	2,493	44.6	170	32.7
Spouse	1,689	14.2	784	14.0	99	19.0
Live-in partner/ boyfriend/ girlfriend	725	6.1	325	5.8	37	7.1
Other adult relative(s)	1,470	12.3	636	11.4	73	14.0
Other adult(s)	1,148	9.6	491	8.8	37	7.1
Child(ren) under 15	3,893	32.6	1,933	34.6	211	40.6
Other	393	3.3	182	3.3	22	4.2

NOTE: Percentages are based on the 11,932, 5,589, and 520 answers that indicate lack of privacy to FIDBF07 (2012), FIBF07 (2013), and DRDBF5, respectively.

Table 5.30 shows that the DR provided somewhat different patterns in the types of other persons present during the interview. In both the 2012 and 2013 comparison samples, "parent(s)" were the most often reported "other people" present during the interview, followed by "child(ren) under 15" and "spouse." In the DR, FIs reported the presence of parents in 32.7 percent of the interviews, which was lower than the 44.4 percent in the 2012 comparison sample and the 44.6 percent in the 2013 comparison sample. Similar differences between the 2011 and 2012 main study comparison samples and the QFT were not observed. The oversample of Hispanics for the DR sample does not appear to account for this difference. For the DR sample, among the 520 interviews in which an FI reported the presence of other persons, 211 were conducted with Hispanic respondents and 309 among non-Hispanic respondents. Among the non-Hispanic respondents, a parent was reported as being present in 87 interviews (28.2 percent), while among the Hispanic respondents, a parent was reported in 83 interviews (39.3 percent).

5.4.3 Summary and Recommendations

5.4.3.1 Summary

The DR debriefing questions provided insight into respondents' reactions to the DR interview and protocol. Overall, respondents reacted favorably to the new computer. The few negative comments that were recorded largely concerned difficulty using the function keys. Respondents' comments about the timing of the interview differed by age. Consistent with the timing results in ***Chapter 4,*** older respondents frequently made comments about the interview taking a long time.

Data from the debriefing items did not indicate any pervasive problems with respondents' comprehension of questionnaire items. FIs reported that a proxy was used in 27.8 percent of the interviews. Among interviews with youths aged 12 to 17, about 85 percent used a proxy. Some challenges were reported with the process of introducing the proxy respondents to the computer. These challenges affected a larger proportion of respondents who took the interview in Spanish.

Finally, fewer FIs classified the DR interview as "completely private" compared with both the 2012 and 2013 comparison interviews and the QFT interviews.

5.4.3.2 Recommendations

Analysis of the debriefing items reveals a few recommendations that should be considered when planning for the 2015 NSDUH:

- The labeling or assignments of the function keys should be edited to optimize usability.
- The debriefing items themselves should be edited for the 2015 NSDUH so as to assess items of interest in the 2015 survey.
- An instruction should be considered that indicates to respondents what response option to choose to report a diagnosis of a health condition (including cancer) at an age of less than 1 year old.

Plans for the 2015 NSDUH do not call for proxies to complete the health insurance and income questions using a self-administered mode. This decision was made largely to address increases in item missing data and shifts in estimates in these modules that occurred in the field tests. As a result of these changes, any concerns about the process of providing a computer tutorial to proxy respondents do not need to be addressed.

5.5 Description and Results for the DR FI Debriefing Calls

5.5.1 Purpose of the Debriefing Calls

The purpose of the DR FI debriefing calls was to obtain direct feedback from FIs on their experiences collecting data using the redesigned NSDUH questionnaire on the new laptop and screenings completed on the touch screen tablet (i.e., the Samsung Galaxy Tab 7.0") in both English and Spanish. Information on the complete set of instrumentation, protocol materials, and equipment changes for the DR is presented in ***Section 2.4.1***. The goal of the debriefing calls was to gather feedback from FIs (including bilingual FIs) on topics including but not limited to the following:

- significant questions or concerns raised by members of sample households about the redesigned contact materials;
- challenges encountered using the tablet to conduct household screenings;
- challenges encountered using the new laptop computer to conduct interviews;
- challenges encountered in administering the redesigned questionnaire or protocol;
- significant questions or concerns that respondents raised about aspects of the redesigned questionnaire or protocol (specifically, the four prescription drug modules) and the length of the interview (i.e., its overall burden); and
- significant questions or concerns raised by Spanish-speaking members of sample households about any of the Spanish-language materials or questionnaires developed for the DR.

The results of the DR FI debriefing calls will be used to inform potential changes to the preparation, protocol, and procedures for the 2015 NSDUH.

5.5.2 Debriefing Call Procedures

Debriefing calls were held in lieu of in-person focus groups, which had been used to gather feedback on the 2012 QFT. A total of five debriefing calls were held in order to eliminate travel costs, expedite the completion of these information-gathering sessions, and allow greater flexibility in assigning FIs to each call. ***Table 5.31*** provides additional details on the characteristics of FIs assigned to each debriefing call.

Table 5.31 Debriefing Call Field Interviewer Characteristics, by Call

Call No.	No. of FIs	No. of QFT FIs	No. of Bilingual FIs	States Represented
1	5	2	0	FL, MA, ME, NJ, PA
2	6	3	0	DC, OH, SD, TN, TX, VT
3	6	4	1	CA, KY, NY,[b] MI, OK, SC
4[a]	6	2	6	CA, FL, IL, NM, NV, NY
5[a]	5	1	5	CA, CA,[b] IL, TX, TX

QFT = Questionnaire Field test.
[a] Bilingual field interviewers (FIs) only.
[b] Travelling field interviewer (TFI).

For each debriefing call, 7 FIs were initially assigned (35 in all), with the expectation that 5 or 6 FIs would participate in each call. These 35 FIs were selected from the 133 FIs assigned to the DR based on their classroom assignment at the DR training, with 1 FI per room chosen for each call. To the extent possible, other characteristics were balanced across the calls, including QFT participation, bilingual status, experience level, and the region of the country where they lived.

A total of 28 FIs participated in the debriefing calls, with each call having at least 5 FIs. Calls were scheduled for 2 hours in duration, and all five calls lasted at least 90 minutes. Also, each call included a moderator, an assistant moderator, and a note taker, along with several observers, including staff from the Substance Abuse and Mental Health Services Administration (SAMHSA). In addition to using a note taker, each call was audio recorded.

Per SAMHSA request, each of the debriefing calls was moderated by RTI staff from the training program and field materials team and the field operations team because of the familiarity of those staff with NSDUH procedures and protocols. Two of the five calls were for bilingual FIs only, and those calls were also joined by one of the RTI language specialists involved in the bilingual DR FI training and Spanish-language translation of the redesigned questionnaire.

The moderators referred to and followed a written guide throughout each call. This guide was developed using the QFT moderator guide as a template and incorporated SAMHSA input; it also included specific changes made for the DR, such as the new laptop and the inclusion of Spanish-language materials and instruments. Also, the DR moderator guide incorporated feedback from the moderators of the QFT in-person debriefings to identify any lessons learned and problematic sections and questions. The DR moderator's guide is included in ***Appendix F***.

A moderator began each debriefing call with an introduction that lasted about 5 minutes and was intended to set up the discussion rules and familiarize the participants with the group. The remainder of each call had specific section topics and discussion time limits:

- Discussion about the redesigned contact materials was allotted 20 minutes and covered the FIs' views regarding how the DR respondents reacted to the lead letter and Q&A brochure, as well as the FIs' thoughts about the new laptop bag and portfolio.
- The next 30 minutes were devoted to a discussion about the FIs' use of the tablet to administer household screenings. Topics included the tablet's features, training on the tablet, respondent reactions to the naming of the "US Department of Health and Human Services" as the sponsor of the study instead of the "US Public Health Service," and the use of the new email program installed on the tablets.
- A total of 25 minutes were allotted to topics surrounding the interview's questionnaire administration, including respondent comments about the electronic reference date calendar, whether respondents asked questions about specific modules, and the experience of the proxy respondents.
- For the next 10 minutes, the discussion focused on using the DR laptop to administer the interview, including respondent reaction to the laptop and its overall performance.
- The next section called for 10 minutes of discussion about the four new prescription drug modules. The moderator asked questions about the length of administration time, the electronic pill cards, and the questions designed to capture misuse.
- A 15-minute section then allowed FIs to share any general comments or concerns about the redesigned questionnaire, including interview length and burden.
- A concluding open-ended section gave FIs a final opportunity to make additional comments on any aspect of the DR.

During the two debriefing calls conducted with only bilingual FIs, the FIs were instructed to focus their responses on Spanish-language cases to the extent possible in all of the sections noted above. Also, the discussion section on administering the redesigned questionnaire included four follow-up questions that asked the bilingual FIs to speak specifically about the DR content and materials in Spanish.

5.5.3 Feedback from Debriefing Calls, by Topic

5.5.3.1 Reactions to the Redesigned Contact Materials

FIs on all five debriefing calls noted that respondents reacted positively to the changes to the lead letter and the Q&A brochure. Several FIs commented that many respondents stated that they had already read the letter prior to the interview and were anticipating the FI's arrival as a result, and that many more respondents seemed to recall this lead letter than those who received one as part of main study's data collection. FIs on multiple calls hypothesized that the lead letter's added color was what led to the improved respondent interest and recall. Similarly, FIs reported greater respondent interest in the redesigned Q&A brochure than in its main study counterpart,

with several stating that the full-color, "professional-looking" design caused more respondents to open that brochure than the one used during the main study.

Reaction from FIs on the new black leather portfolio for the DR was mixed, with FIs split fairly evenly among preferring this new portfolio, preferring the main study portfolio, and preferring using no portfolio at all. Those FIs who did note a preference for using the new black leather portfolio said that they had no real use for the legal pad of paper inside the portfolio and would rather see more pockets, both interior and exterior, with some that have zippers. A few FIs reported that, to appear less intimidating, they prefer to carry as little as possible with them to the door when approaching respondents for the first time, while others said that they prefer to carrying a small clipboard with only essential items (such as the lead letter and the study description).

Many of the FIs offered high praise for the new laptop bag, especially when compared with their current main study laptop bag, as many appreciated having the extra pockets to store all of the various items needed to conduct an interview. FIs commented that they felt having the extra pockets allowed them to set up and break down equipment more efficiently at the beginning and end of the interview. However, nearly all of the FIs also commented that they did not like the setup of the large shoulder strap on the laptop bag, specifically, the way it was attached to the bag itself. FIs felt that this design made it more difficult to unzip several of the pockets, and several FIs also wished that the strap had more padding for ease of use. A few FIs also expressed a dislike of the center pocket of the laptop bag that unzipped all the way open because they found it difficult to prevent items from falling out when that pocket was used.

Given the additional storage in the new laptop bag, many FIs indicated that they would still prefer to have access to a portfolio in order to have a few items more readily available while at the door and to keep paper materials from becoming wrinkled.

Also, although most of the FIs stated that they kept their DR FI handbook with them while working in the field, few reported ever needing to review its contents while conducting interviews. Those who did reference the handbook reported that they used it for assistance with transmission (i.e., transmitting data to RTI).

5.5.3.2 Reactions to Administering Household Screenings and Using the Tablet

All of the FIs confirmed that the DR FI training program was effective in preparing them to use the tablet in the field to conduct screenings. Also, all of them reported feeling comfortable using the tablet not later than the end of their first day of working DR cases, if not before.

When discussing the tablet, many FIs noted right away that they did not like having to enter a password each time the tablet was awakened from "sleep" mode. Also, many of the FIs strongly preferred having more cases available for viewing at one time on the select case screen—similar to the iPAQ screen, which uses a smaller font size.

Most of the FIs reported using the standard Samsung keyboard (or keypad) throughout their work on the DR; they found this default keyboard fairly easy to use and did not experience many problems, if any, with entering record of call (ROC) comments into the tablet. However, several of the FIs did note their wish that an apostrophe key was easier to access on the default

keyboard for use in typing notes. The few FIs who did report switching to use a second keyboard (i.e., the "hacker's" keypad) stated that their preference was due to the presence of a line of number keys along the top of that keyboard, rather than having to switch views on the default keyboard in order to access numbers.

FI preference for using a finger or a stylus when tapping on the tablet was mixed, with many FIs reporting using both methods in combination depending on the situation. Those FIs who said that they used only the stylus often did so as a continuation of their use of a stylus with the iPAQ on the main study, and several of the FIs who used only a finger to tap on the tablet reported an existing comfort level with that method from previous use with similar electronic devices.

Also, regarding the canvas case protecting each tablet, FIs had positive comments about its design, specifically, that it does not feature any Velcro®, unlike its main study counterpart. The FIs strongly preferred the snaps because using them produces less noise and they do not become caught on clothing, unlike Velcro®.

The majority of FIs stated that there was little difference in respondent reaction to the use of "US Department of Health and Human Services" as opposed to "US Public Health Service." Some of the FIs did say that more respondents recognized the DHHS logo on the various materials and commented on that. However, several of the FIs also noted an increase in antigovernment sentiment when contacting respondents during the Federal Government shutdown, which began on October 1, 2013, in the midst of DR data collection.

With regard to the possible addition of a 30-second video clip on the tablet to play for respondents, nearly all of the FIs agreed that it could be a useful tool in establishing legitimacy and providing more information about the study. However, all of the FIs also agreed that any such video should be added only as an optional tool for their use, in that many respondents are busy and would not be interested in watching a 30-second video. A few of the FIs also added that for the more difficult respondents, face-to-face interaction between an FI and a respondent will always be the best tool for refusal conversion.

All of the FIs admitted to having positive experiences, with little or no problems, using the email program on the tablet to communicate with their FSs during the DR. They found that the program was convenient, efficient, and easy to use, and several of the FIs commented that they appreciated being able to transmit wirelessly from the field to pick up new cases or to send an email message to their FSs. If given this access on the main study, all of the FIs reported that it would be a benefit to their work and increase efficiency. Although these DR FIs reported using the email program a couple of times each week during data collection, several of the FIs noted that they would use it a great deal more if given a larger assignment with more cases. However, a few of the FIs commented that it was difficult for them to type out long messages using the tablet email program because of the keyboard's design.

Overall, FIs reported having few problems with the tablet that required assistance from technical support staff. Most often, those FIs who did call for help needed assistance with transmitting data from a hotel or other minor issues. However, several bilingual FIs reported needing to call technical support staff for an issue with pending cases that disappeared from their

tablets without explanation, a problem that occurred with both Spanish- and English-language cases worked by those bilingual FIs. Technical support staff were not immediately able to determine why this problem occurred, which resulted in the loss of some screening data for a few of the FIs.

The only other aspect of the tablet that gave multiple FIs problems during the DR was the tablet calendar, which some of the FIs found difficult to use. Several of the FIs also reported that they did not receive notifications for appointments that they felt they had set up correctly.

5.5.3.3 Reactions to Administering the Redesigned Questionnaire and Protocol

Moderators began this section of the debriefing calls by asking about respondent reactions to and comments about the electronic reference date calendar. Although nearly all of the FIs reported receiving no comments from respondents about this electronic calendar, several of the FIs noted that they felt that the respondents used the calendar more during the DR interview than during the main study interview because it was more readily available on the screen during the DR interview. Those same FIs said that, in their experience, most main study respondents disregard the paper calendar. A few of the FIs noted that the electronic calendar also made it more efficient to conduct interviews, especially outdoors, where it might be difficult for an FI to properly fill out the paper calendar.

Much like their experience on the main study, most of the DR FIs commented that they received few or no queries or comments from respondents on specific DR interview questions or modules. Several of the FIs reported conducting interviews in both English and Spanish that lasted more than 2 hours, and a few respondents did comment on some fatigue associated with what they perceived as answering the same question multiple times. FIs said that respondents thought that the interview was "checking up on their answers" by asking the same question more than once. A few of the FIs also noted having at least one respondent who asked why the sexual orientation questions were included in the questionnaire, with some elderly respondents stating that they felt that those questions were not relevant to them.

With regard to the transition into the second ACASI questions conducted by a proxy, FIs thought that the transition worked very well except in households with only one resident. FIs noted that it made for a somewhat awkward transition in those instances, rather than simply allowing the single-resident respondent to continue answering questions via ACASI.

On the two debriefing calls conducted with just bilingual FIs, moderators asked a few additional questions to follow up on any issues specific to the Spanish-language interview and its translation. For the most part, the bilingual FIs reported that the Spanish-language DR interview worked very well and caused little confusion for respondents. Some of the FIs felt that the Spanish-language interview was longer than its main study counterpart. Also, a few of the FIs reported some issues with Spanish-speaking respondents understanding the meaning of "heterosexual" and "probation" within the DR interview. Also, the bilingual FIs stated that the INCENT01 language in the Spanish-language interview had not been completely updated to match the English-language text.

5.5.3.4 Reactions to Administering the DR Interview and Using the Laptop

Across all five debriefing calls, FIs confirmed that the DR FI training program was effective in teaching them how to use the new laptop computer and that from the beginning of their fieldwork they felt comfortable using the new device. In fact, all of the FIs had overwhelmingly positive feelings toward the new laptop, with several commenting that they wished they could keep it for continued use with their main study assignment.

FIs noted that they were impressed by the light weight of the new laptop and its smaller size when compared with its main study counterpart. The FIs also noted that respondents talked about how light in weight the laptop was.

Only a few of the FIs reported having minor issues with the laptop that required assistance from technical support staff, with most of the problems related to entering incorrect passwords multiple times. However, the majority of the FIs reported that some of their elderly respondents had problems seeing the function keys along the top row of the laptop keyboard and/or reading the small lettering on those keys. A few FIs reported emphasizing for those respondents the larger function key labels just below the laptop screen and showing the respondents that the function keys they were seeking were directly below the descriptions on the labels.

5.5.3.5 Reactions to the Redesigned Prescription Drug Modules

Among all of the interviews conducted by these DR FIs, very few comments were about the new prescription drug modules, with the majority of the FIs noting that respondents had no questions or made no statements about those modules. As noted previously, a few of the FIs mentioned the respondents' comments about how repeating a question was a method to check up on a previous response.

Also, several of the FIs commented that they felt that having the pill images available on the screen rather than in the showcard booklet resulted in respondents paying more attention to those images. The FIs' main study experience is that respondents often do not ask to see the pill cards.

5.5.3.6 Overall Reactions to the Redesigned Questionnaire

When asked to provide their overall reaction to the DR questionnaire changes, including the recall and length of time, nearly all of the FIs reported that their experience was very similar to their work on the main study. A few of the FIs did report that a handful of respondents said that the DR interview took a long time, but that was not a comment unique to the DR, as the FIs often hear a similar response during main study data collection.

Also, two FIs reported that elderly respondents made a negative comment about the questions on depression. Those respondents noted that they felt "judged" by the questions and that answering those questions made them feel depressed.

5.5.3.7 Other General Feedback

At the conclusion of each debriefing call, the moderators asked the FIs for any final comment or question about any topics related to the DR. Included below are the comments or questions resulting from that final discussion, aside from any general positive comments about the DR (which were made by the majority of FIs):

- An FI re-emphasized removing the additional password screen from the tablet.
- An FI felt that including the income and insurance questions in ACASI allowed the respondents to give more honest answers.
- An FI liked completing the debriefing questions on the tablet rather than in the respondents' home on the laptop.
- An FI indicated that the new equipment was great and made the interview go more smoothly, but that it created more idle time for the FIs.
- An FI said that the headphone cord is too long.

5.5.4 Summary and Recommendations

5.5.4.1 Summary

Despite the mix of characteristics among the 28 FIs who participated in these five DR debriefing calls, there was a great deal of commonality in the feedback provided by these FIs across each call. Included below is a list of key points mentioned by FIs across all five of these DR debriefing calls:

- FIs noted that respondents seemed to have greater recall of the DR lead letter than its main study counterpart.
- There was no dominant opinion among FIs on the black leather portfolio. Some of the FIs liked it better than the main study portfolio, some liked it less than the main study version, and some preferred no portfolio at all.
- Overall, FIs liked having more pockets for storage in the laptop bag, but nearly all of the FIs strongly disliked the design of the shoulder strap.
- FIs did not like having to enter a password each time the tablet went into "sleep mode."
- Most FIs used the standard Samsung keyboard to make entries in the tablet.
- FIs were split fairly evenly in their use of the stylus or a finger in entering data into the tablet.
- FIs liked that the canvas case for the tablet did not have Velcro® on it.
- FIs noted very little respondent reaction to the use of "US Department of Health and Human Services" rather than "US Public Health Service."
- The possibility of a 30-second video clip on the tablet to show respondents was deemed a good idea by nearly all of the FIs as long as it is only an optional tool.

- The email program on the tablet was very well received by all of the FIs, and few FIs had problems with it.
- Many of the FIs reported having problems using the tablet calendar efficiently.
- FIs reported greater respondent use of the electronic reference date calendar as compared with its main study counterpart.
- There were very few questions or comments from respondents about the content of the redesigned questionnaire.
- FIs were very impressed with the light weight and efficient performance of the DR laptop.
- Some elderly respondents had problems seeing the function keys clearly.

5.5.4.2 Recommendations

As a result of the feedback provided by the 28 FIs who participated in these DR debriefing calls, several key recommendations have been selected for consideration for possible implementation on the NSDUH main study:

- Implement the use of the DR lead letter and Q&A brochure on the main study.
- Investigate the use of a laptop bag different from the bag selected for the DR that still has lots of pockets for organization, but offers a more functional shoulder strap design. This recommendation is concordant with that from ***Section 5.2***.
- Consider removing the extra password from the tablet screen.
- Allow FIs to have full-time access to an email system that allows them to both send and receive email messages for improved communication with FSs.
- Purchase a lightweight laptop similar to the version used on the DR.
- Revise the Spanish-language questionnaire to address the understanding of the sexual orientation question and to correct text in INCENT01.
- Attempt to purchase a laptop with larger function keys or determine a way to make the function key labels easier to read.

5.6 Field Observations of DR FIs

In conjunction with DR data collection, field observations of DR FIs were conducted by RTI staff (including language methodologists, training and field materials' team members, and instrument assessment and development team members) as well as other RTI staff and SAMHSA staff members. Groups of three to four FIs were chosen for field observations in each of seven metropolitan areas: Miami, Florida; New York City, New York; Los Angeles, California; San Francisco, California; Dallas, Texas; Houston, Texas; and Chicago, Illinois. RTI staff also observed FIs locally in North Carolina. SAMHSA staff observed an additional four FIs in Louisiana, Maryland, Virginia, and the District of Columbia. These observations were of interviews completed in both English and Spanish. Observations of interviews conducted in Spanish were completed only by bilingual observers. FIs who were observed committing any procedural errors were retrained by their FSs using a standardized retraining plan created

specifically for the DR field observations. FIs who were observed committing a serious breach of protocol or committing four or more unrelated errors received disciplinary action in addition to retraining by their FSs.

All DR field observations were completed between September 3 and September 15, 2013. During this time period, RTI staff observed a total of 64 screenings with 23 FIs and 27 interviews with 18 FIs in English, and 8 screenings with 5 FIs and 7 interviews with 5 FIs in Spanish. SAMHSA staff observed 9 screenings with 3 FIs and 6 interviews with 3 FIs. This section summarizes the DR field observation procedures and errors observed, combining the results reported by RTI and SAMHSA observers. It also includes comments from observers and FIs about the materials, procedures, and equipment used for the DR data collection, as well as potential changes to these items based on field observation results and feedback.

5.6.1 Procedures for Completing Field Observations of DR FIs

Field observation trips were planned during August 2013 to give observers as much time as possible to prepare for their trip. To keep travel costs to a minimum, FIs were chosen for DR field observations based on location and proximity to other DR FIs. FIs were observed in 11 States, centered on metropolitan areas, and in the District of Columbia.

Observers used a DR field observation screening checklist and a DR field observation interviewing checklist to document their observations. A DR field observer reference sheet and a DR field observer task list were used to help maintain consistency in planning observation assignments and interacting with FIs and respondents. (The DR field observation materials are provided in ***Appendix G***.) Observers were asked to ensure that a DR field observation FI instruction sheet was sent to each FI prior to the observer's arrival in the field. The DR housing unit (HU) and group quarters unit (GQU) scripts and CAI specifications for the front-end and back-end computer-assisted personal interviewing (CAPI) questions were provided to observers for their use during the observations. These materials were developed specifically for the DR data collection effort based on similar materials used for the QFT and the main study field observation processes. Field observers were trained to remain neutral during the observations and were to intercede only if the respondent's rights were being violated or if the equipment was in jeopardy of being damaged. In all other situations, observers were instructed not to interfere.

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

The same standardized retraining process was used for the DR field observations as is used for the main study field observations. After the DR field observation manager reviewed each observation form, an FI retraining plan was prepared for each FI who had errors reported on his or her observation. Using a standardized template, this plan noted the errors that the FI made, the type of retraining required, and the dates by which the retraining must be completed. The FS

used this form to provide standardized feedback and retraining to the FI on each error observed and issued disciplinary action as directed by the DR field observation manager.

FIs who committed a serious breach of protocol and FIs who were observed committing four or more unrelated errors were issued disciplinary actions. A serious breach of protocol is defined as one that could potentially violate a respondent's rights and/or significantly compromise the accuracy of the data collected. Disciplinary actions issued for the DR field observations included four verbal warnings. These FIs were added to the NSDUH main study field observation list for observation in quarter 1 of 2014.

5.6.2 Summary of Results from DR Field Observations

Of 2,025 potential screening errors in the DR field observations (81 completed screenings multiplied by 25 possible errors on the DR field observation screening checklist), field observers noted 20 errors, or 0.99 percent of the possible screening errors. Of 560 potential interviewing errors in the DR field observations (40 completed interviews multiplied by 14 possible errors on the DR field observation interviewing checklist), field observers noted 16 errors, or 2.86 percent of the possible interview errors.

The majority of FIs displayed positive behaviors when conducting screenings (see ***Table 5.32***). Of the 25 items listed on the DR field observation screening checklist, only 1 item was observed being conducted incorrectly more than 5 percent of the time:

- Not including name, RTI International, U.S. Department of Health and Human Services, and the lead letter in introduction.

The relatively high error rate for FIs failing to include all four pieces of required information (name, RTI International, DHHS, and the lead letter) in the study introduction is concerning. The eight errors recorded in this category were committed by seven different FIs. Four errors were caused by the FI using "Research Triangle Institute" instead of "RTI International." Three errors were due to the FI not including the "Department of Health and Human Services" in the study introduction. The final error in this category occurred when an FI used "U.S. Public Health Service" instead of the "Department of Health and Human Services."

To further investigate the potential effects of changes between the DR and main study, items were added to the DR field observation screening checklist to reflect changes to the screening procedures, project information, and use of specific DR materials. There were 12 errors recorded for these items (see ***Table 5.33***), including cases where, as noted previously, the FI did not include all four required pieces of information correctly in the study introduction and the FI did not correctly answer a respondent's questions with DR-specific information. Of the eight errors recorded for not including all four required pieces of information in the study introduction, only five errors (by five different FIs) can be directly attributed to the change in terminology for the DR. The three cases in which an FI did not include the "Department of Health and Human Services" could have occurred in a main study observation as well. Based on observations of these errors, no changes to the equipment or field materials are anticipated. However, further emphasis will be placed on reading the study introduction screen and providing the correct information when speaking to a respondent in FI training and project materials for the 2015 NSDUH.

Table 5.32 DR Screening Error Rates

Screening Error	Total Cases = 81	
	Error Rate, %	Errors Observed
Not displaying ID badge prominently when knocking on door	1.23	1
Not being on tablet "Study Introduction" screen when reaching door	0.00	0
Not including name, RTI International, U.S. Department of Health and Human Services, and lead letter in introduction	9.88	8
If respondent did not recall lead letter, FI did not offer one to respondent	0.00	0
Not confirming that screening respondent was an adult resident of SDU	**0.00**	**0**
Not verifying that he/she was at the correct address	0.00	0
Not handing DR study description to respondent	**0.00**	**0**
Not reading tablet "informed consent" screen to respondent	**0.00**	**0**
Not checking for missed DUs by reading the correct tablet screen verbatim	1.23	1
Not asking all roster questions verbatim	2.47	2
Not recording race based on respondent's answer, but on FI observation instead	0.00	0
Not obtaining all screening information directly from the screening respondent (by observation or a proxy)	**0.00**	**0**
Not confirming accuracy and completeness of roster data with screening respondent	0.00	0
When no household members were selected for an interview (code 22, 25, 26, or 30), not reading verification instructions verbatim	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not presenting project and interview information accurately	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not demonstrating flexibility in scheduling interview(s)	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not leaving appropriate information about future interview(s)	0.00	0
When one or two household members were selected for an interview (code 31 or 32), not making attempts to begin interview right away	0.00	0
Not providing respondent with correct DR materials	0.00	0
Answer questions correctly and thoroughly, referencing correct DR details (e.g., RTI International, DHHS, did not mention DR or field test, sample size, pay or payment, etc.)	4.94	4
Committing other procedural violation not noted on checklist (sum of individual errors)	4.94	4
Did not have segment maps readily available for reference while in the field	0.00	0
If this was FI's first time to the DU, did not use segment maps to locate SDU	0.00	0
If this was FI's first time to the DU, did not use segment materials to check for missed DUs	0.00	0
If a missed DU is found, did not use segment materials to make sure the missed DU was not already listed	0.00	0
TOTAL	**0.99**	**20**

DR = Dress Rehearsal; DU = dwelling unit; FI = field interviewer; SDU = sample dwelling unit.

NOTE: The error rate equals the percentage of observed cases where the error was observed. Bolded items are considered serious breaches of protocol.

Table 5.33 Dress Rehearsal-Specific Errors: Screening

Screening Error	Total Cases = 81	
	Error Rate, %	Errors Observed
Not including name, RTI International, U.S. Department of Health and Human Services, and lead letter in introduction	9.88	8
Not providing respondent with correct DR materials	0.00	0
Answer questions correctly and thoroughly, referencing correct DR details (e.g., RTI International, U.S. Department of Health and Human Services, did not mention DR or field test, sample size, or payment)	4.94	4
TOTAL	**4.94**	**12**

DR = Dress Rehearsal.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 81 screenings were observed. Note that the total error rate reflects the error rate for DR-specific errors only and is not directly comparable with the total error rate in ***Table 5.32***.

The majority of FIs also displayed positive behaviors when conducting interviews (see ***Table 5.34***). Of the 14 items listed on the DR field observation interviewing checklist, only 3 items were observed being conducted incorrectly at least 5 percent of the time. Those items include the following:

- not reading all screens verbatim;
- not following the proper DR quality control form and incentive procedures; and
- not answering respondent questions correctly and thoroughly, referencing appropriate DR details.

Verbatim reading errors and FI errors for not following the proper DR quality control form and incentive procedures were not related specifically to DR procedures and could have occurred during main study observations. FIs who had difficulty answering respondent questions used terminology from the main study (i.e., "U.S Public Health Service") instead of the new DR specific terminology (i.e., "DHHS"). The FI training for the 2015 NSDUH will include additional emphasis and practice on the importance of using the correct terminology while in the field.

To further investigate the potential effects of changes between the DR and main study, items were added to the DR field observation interview checklist to reflect changes to the interview procedures, project information, and use of specific DR materials. Only five errors were recorded on these items (see ***Table 5.35***). During DR field observations, FIs generally did well at following interview procedures during DR field observations, including new procedures specific to the DR and procedures carried over from the main study.

Table 5.34 Dress Rehearsal Interviewing Error Rates

Interviewing Error	Total Cases = 40	
	Error Rate, %	Errors Observed
If interview respondent was a minor, FI not first obtaining consent from parent or legal guardian	2.50	1
If interview respondent was not screening respondent, not explaining purpose of study and visit thoroughly	0.00	0
Not handing DR study description to the respondent	2.50	1
Not reading intro to CAI from DR showcard booklet verbatim to the respondent	0.00	0
Not choosing a private location to conduct interview	0.00	0
Not setting up equipment efficiently	0.00	0
Not explaining headphone usage, offering headphones to respondent, and plugging them in	0.00	0
Not keeping ACASI portion private (read ACASI) and/or not remaining attentive	0.00	0
Not reading all screens verbatim	17.50	7
Not presenting DR showcards when prompted by the CAI	2.50	1
Not following the proper DR quality control form and incentive procedures	5.00	2
Not answering respondent questions correctly and thoroughly, referencing the appropriate DR details (e.g., RTI International, DHHS, did not mention DR or field test, sample size, pay or payment, etc.)	5.00	2
Not providing respondent with correct DR materials	2.50	1
Committing other procedural violations not noted on the checklist (sum of individual errors)	2.50	1
TOTAL	**2.86**	**16**

ACASI = audio computer-assisted self-interviewing; CAI = computer-assisted interviewing; DR = Dress Rehearsal; FI = field interviewer.

NOTE: The error rate equals the percentage of observed cases where the error was observed. Bolded items are considered serious breaches of protocol.

Table 5.35 Dress Rehearsal-Specific Errors: Interviewing

Interview Error	Total Cases = 40	
	Error Rate, %	Errors Observed
Not following the proper DR quality control form and incentive procedures	5.00	2
Not answering respondent questions correctly and thoroughly, referencing the appropriate DR details (e.g., RTI International, DHHS, did not mention DR or field test, sample size, or payment)	5.00	2
Not providing respondent with correct DR materials	2.50	1
TOTAL	**4.17**	**5**

DR = Dress Rehearsal.

NOTE: The error rate equals the percentage of observed cases where the error was observed. A total of 40 interviews were observed. Note that the total error rate reflects the error rate for DR-specific errors only and is not directly comparable with the total error rate in ***Table 5.34***.

5.6.3 DR Field Observation Comments

Observers were asked to evaluate the performance of the DR equipment and materials while in the field. No supplementary comments or concerns were received from observers about the performance of the DR materials during their observations.

Several comments were made about the performance of the tablet in the field:

- Three FIs mentioned that they had difficulty seeing the screen in direct sunlight.
- One FI had difficulty tapping and holding items on the tablet instead of just tapping, as is done on the iPAQ.
- Two FIs had issues troubleshooting unexpected events with the tablet (e.g., the screen freezing or the tablet occasionally going blank when first powered on).

Only one comment was received on the performance of the laptop in the field:

- One FI commented that the function keys were very small and hard to see in low light.

The DR field observations did not uncover any serious concerns about the DR equipment or materials. The tablet troubleshooting issues observed could be handled by addressing these specific items during training and adding documentation to the FI manual on how to resolve these occurrences. However, these particular technical concerns may not be replicable. The size of the function keys on the laptop was only mentioned by one FI, but this issue and the troubleshooting items will be considered further, especially given similar feedback received from the FI equipment survey and FI debriefing calls.

Observers recorded several comments made by respondents and FIs during the screening and interview:

- Seven respondents were confused about the race/ethnicity questions, in both the screening and interview, and did not know how to classify themselves. These respondents seemed to think of Hispanic or Latino as their race.
- Two respondents commented that the interview was time-consuming, and one respondent commented that the interview did not take very long.
- One respondent would have preferred if the interview had been read entirely by the FI rather than having any ACASI portions.
- Two respondents felt that the interview questions were repetitive.
- One respondent commented that the ACASI voice read too slowly.
- One respondent was confused by the phrase "type in your answer." She attempted to type words for her answer instead of the number corresponding to the appropriate answer choice.
- One FI commented that there is not enough space to leave a meaningful comment in the comment feature on specific questions in the interview.

Although these comments occurred during DR field observations, none was clearly specific to DR screening or interview changes from the main study. These respondents and the one FI could have expressed similar issues during main study data collection. However, the main study field observations do not provide comparison data on how many times respondents were confused or what comments respondents and FIs made on these same issues.

Observers also recorded issues with the proxy portion of the DR interview that do not apply to the main study. Specifically, the transition from the first ACASI section into the second is awkward for cases in which only the respondent is included in the household roster. The first ACASI portion tells the respondent that he or she is "done," then the respondent is almost immediately handed the computer again to complete the second section. During DR field observations, two respondents commented that this was confusing. An observer also recorded that an FI did not know how to switch the language to Spanish from English for the second ACASI section of the interview.

5.6.4 DR Field Observation Summary and Recommendations

Overall, the DR field observations provided an important opportunity to see firsthand how the DR instrument, materials, and equipment performed in the field. In general, the DR components all performed well. Some items went so smoothly that there were no reported issues or comments from observers, including items regarding the flow of the screening presentation, the transition between the screening and the interview, and respondent confusion with the laptop.

Based on comments and feedback received during the field observations, the following changes or enhancements will be considered for the 2015 NSDUH protocols, equipment, and training materials:

- Provide additional emphasis and practice with reading the study introduction screen and using the correct terminology when speaking with respondents.
- Provide additional training and practice on how to address respondent confusion with the race/ethnicity questions.
- Provide additional documentation and training on tablet troubleshooting.
- Offer research laptop options with larger function keys, given that similar feedback was received from FIs during the FI equipment survey and FI debriefing calls.

As a result of the increase in item missing data in the health insurance and income questions, and the differences in estimates in these items between the field tests and the annual NSDUH, the current plan is to move the health insurance and income questions from ACASI back to CAPI for the 2015 survey. Furthermore, this change will eliminate the second ACASI portion and the need to hand the computer back to a respondent. Therefore, no further changes are needed to address the awkwardness of this transition when a respondent is the only adult in the household.

6. Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data (*Research Question 4*)

6.1 Overview of Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data

This chapter presents findings on selected core and noncore estimates from the 2013 Dress Rehearsal (DR) and comparison data. The following types of analyses are presented:

- analyses to make decisions for the 2015 survey, presented in ***Section 6.2***;
- further analyses based on findings from the 2012 Questionnaire Field Test (QFT), presented in ***Section 6.3***; and
- analyses to explain anticipated findings in 2015, also presented in ***Section 6.3***.

Most of the analyses in this chapter compare data from the combined English-language interviews among non-Hispanic respondents only from the QFT and DR with data from English-language interviews among non-Hispanic respondents in the 2012 and 2103 main study comparison samples. Selected tables in ***Section 6.3*** provide estimates parallel to the English-language interviews among non-Hispanic respondents that are based on data from Spanish-language interviews in the DR and the 2012 comparison and 2103 comparison samples.

6.2 Analyses to Make Decisions for the 2015 Survey

Analyses for research question 4 that are needed for making decisions for the 2015 survey focus on findings that realistically could affect the content of the 2015 NSDUH questionnaire. The following sets of analyses fall into this category:

- analysis of initiation data, particularly for prescription drugs;
- contributions of certain prescription drugs to estimates of past year use or misuse for overall prescription drug categories or key subcategories (e.g., benzodiazepine tranquilizers); and
- effects on estimates based on changes to the height and weight questions for the DR.

6.2.1 Analysis of Initiation Data

Changes to how initiation of misuse of prescription drugs is measured in the redesigned questionnaire could affect the following estimates for the initiation of prescription drug misuse:

- numbers of past year initiates,
- percentages of past year initiates in the population,

- percentages of past year initiates among persons who are at risk for initiation,
- percentages of past year initiates among past year misusers of prescription drugs, and
- mean ages at first use among past year initiates of misuse.

Because the numbers of past year initiates for pain relievers and tranquilizers in 2012 ranked second and third among illicit drugs (CBHSQ, 2013), changes to the questions for initiation of misuse of prescription drugs also could affect estimates for initiation of use of illicit drugs other than marijuana. Therefore, analyses of initiation data that may be affected by changes to the prescription drug questions are critical for determining whether any modifications to the prescription drug initiation questions are needed for the 2015 questionnaire.

6.2.1.1 Past Year Initiates in the General Population

Table 6.1A presents estimated numbers of past year initiates aged 12 or older for illicit drugs, illicit drugs other than marijuana, and specific illicit drugs or categories of illicit drugs based on the DR data and the comparison data for 2012 and 2013. ***Table 6.1B*** presents corresponding percentages of past year initiates among the persons aged 12 or older in the general population. Reference is made only to the "comparison data" if similar findings were observed for both the 2012 and 2013 comparison data relative to the DR.

- The estimated numbers of past year initiates and percentages of persons aged 12 or older who were past year initiates of use of illicit drugs did not differ significantly between the DR and the comparison data. This was the case for the "standard definition" that included all illicit drugs and alternate definitions that did not include various groups of illicit drugs.
- The estimated numbers of past year initiates and percentages of persons aged 12 or older who were past year initiates of use of illicit drugs other than marijuana did not differ significantly between the DR and the comparison data for the standard definition that included all illicit drugs other than marijuana and for various alternate definitions.
- Estimated numbers and percentages of persons who were past year initiates for prescription drugs were similar for the DR and comparison data. For example, 3.0 million persons were estimated to be past year initiates of misuse of prescription drugs based on data from the DR. The numbers of persons in the comparison data who were estimated to be past year initiates were 2.6 million for 2012 and 2.3 million for 2013.
- For stimulants, an estimated 1.4 million persons based on the DR data were past year initiates for the "standard definition" that includes methamphetamine as a stimulant, 700,000 were past year initiates based on the 2012 comparison data, and 596,000 were past year initiates based on the 2013 comparison data. An estimated 1.7 million persons were past year initiates of misuse of *prescription* stimulants in the DR data when methamphetamine was not included. (Persons who initiated misuse of prescription stimulants in the past year but initiated use of methamphetamine more than 12 months ago were included in the "DR Definition" in ***Tables 6.1A*** and ***6.1B***, but they were not included as past year initiates in the standard definition.)

Table 6.1A Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Numbers in Thousands, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 66,542)[1]	2013 Comparison (n = 32,162)[2]	2013 DR (n = 2,087)[3]	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLICIT DRUGS, STANDARD DEFINITION[4]	3,170	3,034	2,868	302 (770)	166 (775)
Alternate Definition 1[4]	2,686	2,631	2,210	476 (551)	421 (586)
Alternate Definition 2[4]	2,552	2,461	2,221	331 (580)	240 (597)
Alternate Definition 3[4]	2,684	2,620	2,210	474 (550)	410 (587)
Marijuana and Hashish	2,534	2,496	2,221	313 (580)	275 (606)
Cocaine	676	735	857	-181 (385)	-122 (384)
Crack	90[a]	77[a]	0*	90 (18)	77 (24)
Heroin	180	133	107	73 (104)	26 (99)
Hallucinogens	1,142[a]	1,157[a]	643	499 (218)	514 (238)
LSD	434	481	360	74 (167)	121 (176)
PCP	102[a]	29	0*	102 (23)	29 (15)
Ecstasy	954[a]	758[a]	358	596 (163)	400 (154)
Inhalants	698	578	553	145 (168)	25 (190)
Methamphetamine	146	126	155	-9 (125)	-29 (124)
Prescription Drug Misuse[5]	2,629	2,275	2,986	-357 (817)	-712 (810)
Pain Relievers	2,031	1,667	1,896	135 (575)	-229 (572)
Tranquilizers	1,527	1,301	1,332	195 (569)	-31 (545)
Stimulants, Standard Definition[6]	700	596	1,449	-749 (540)	-853 (522)
Stimulants, DR Definition[6]	N/A	N/A	1,654	N/A (N/A)	N/A (N/A)
Sedatives	189	72	987	-798 (552)	-915 (551)
ILLICIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION[7]	2,765	2,475	2,761	4 (741)	-286 (744)
Alternate Definition 1[7]	1,518	1,538	1,330	188 (371)	208 (392)
Alternate Definition 2[7]	1,513	1,531	1,301	212 (370)	230 (393)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

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

[1] 2012 comparison data collected in quarters 1 through 4, 2012. Sample does not include Alaska or Hawaii.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013. Sample does not include Alaska or Hawaii.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.
[4] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.
[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.
[6] The Standard Definition of stimulant misuse for the DR includes methamphetamine. The DR Definition of stimulant misuse does not include methamphetamine.
[7] Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.1B Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Percentages of All Persons Aged 12 or Older, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (*n* = 66,542)[1]	2013 Comparison (*n* = 32,162)[2]	2013 DR (*n* = 2,087)[3]	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLICIT DRUGS, STANDARD DEFINITION[4]	1.2	1.2	1.1	0.1 (0.29)	0.1 (0.29)
Alternate Definition 1[4]	1.0	1.0	0.9	0.2 (0.21)	0.2 (0.23)
Alternate Definition 2[4]	1.0	1.0	0.9	0.1 (0.22)	0.1 (0.23)
Alternate Definition 3[4]	1.0	1.0	0.9	0.2 (0.21)	0.2 (0.23)
Marijuana and Hashish	1.0	1.0	0.9	0.1 (0.22)	0.1 (0.23)
Cocaine	0.3	0.3	0.3	-0.1 (0.15)	-0.0 (0.15)
Crack	0.0[a]	0.0[a]	0.0*	0.0 (0.01)	0.0 (0.01)
Heroin	0.1	0.1	0.0	0.0 (0.04)	0.0 (0.04)
Hallucinogens	0.4[a]	0.4[a]	0.2	0.2 (0.08)	0.2 (0.09)
LSD	0.2	0.2	0.1	0.0 (0.06)	0.0 (0.07)
PCP	0.0[a]	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Ecstasy	0.4[a]	0.3[a]	0.1	0.2 (0.06)	0.2 (0.06)
Inhalants	0.3	0.2	0.2	0.1 (0.07)	0.0 (0.07)
Methamphetamine	0.1	0.0	0.1	-0.0 (0.05)	-0.0 (0.05)
Prescription Drug Misuse[5]	1.0	0.9	1.2	-0.1 (0.31)	-0.3 (0.31)
Pain Relievers	0.8	0.6	0.7	0.1 (0.22)	-0.1 (0.22)
Tranquilizers	0.6	0.5	0.5	0.1 (0.22)	-0.0 (0.21)
Stimulants, Standard Definition[6]	0.3	0.2	0.6	-0.3 (0.21)	-0.3 (0.20)
Stimulants, DR Definition[6]	N/A	N/A	0.6	N/A (N/A)	N/A (N/A)
Sedatives	0.1	0.0	0.4	-0.3 (0.21)	-0.4 (0.21)
ILLICIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION[7]	1.1	1.0	1.1	0.0 (0.28)	-0.1 (0.29)
Alternate Definition 1[7]	0.6	0.6	0.5	0.1 (0.14)	0.1 (0.15)
Alternate Definition 2[7]	0.6	0.6	0.5	0.1 (0.14)	0.1 (0.15)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

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

[1] 2012 comparison data collected in quarters 1 through 4, 2012. Sample does not include Alaska or Hawaii.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013. Sample does not include Alaska or Hawaii.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.
[4] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.
[5] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.
[6] The Standard Definition of stimulant misuse for the DR includes methamphetamine. The DR Definition of stimulant misuse does not include methamphetamine.
[7] Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

- For sedatives, an estimated 1.0 million persons based on the DR data were past year initiates, 189,000 were past year initiates based on the 2012 comparison data, and 72,000 were past year initiates based on the 2013 comparison data. However, these estimates were not significantly different.
- Although the content of the initiation questions did not change for the hallucinogens module in the DR, the numbers and percentages of past year initiates based on the DR were lower than those based on the 2012 and 2013 comparison data for any hallucinogen and Ecstasy. Numbers and percentages of past year initiates based on the DR data also were lower than those in the 2012 comparison data for phencyclidine (PCP). However, no respondents in the DR reported past year initiation of PCP use, and these estimates would have been suppressed.
- The number and percentages of past year initiates for crack cocaine based on the DR were also lower than those based on the comparison data. However, no respondents in the DR reported past year initiation of crack cocaine use, and these estimates would have been suppressed.

6.2.1.2 Initiation among Persons at Risk for Initiation

NSDUH defines persons as being "at risk" for initiation if they did not use a substance (or substances) in their lifetime or they used the substance for the first time in the past year. Persons who used a substance in their lifetime but more than 12 months ago are no longer considered to be at risk for initiation because they already initiated use. However, the focus of the redesigned prescription drug questions on past year misuse of specific prescription drugs could cause respondents who misused prescription drugs in a given category more than 12 months ago to incorrectly report that they *never* misused prescription drugs in that category. These respondents would be misclassified as being "at risk" of initiation.

Table 6.2 presents percentages of past year initiates in the DR and comparison data among persons aged 12 or older who were considered to be at risk for initiation.

- As for numbers and percentages of all persons aged 12 or older, the percentages of past year initiates of illicit drugs and illicit drugs other than marijuana among persons who were at risk for initiation were similar between the DR and comparison data.
- Percentages of past year initiates of use of crack cocaine, hallucinogens, and Ecstasy among persons who were at risk for initiation were lower in the DR than in both years of comparison data. Percentages for PCP also were significantly different for the DR and 2012 comparison data.

6.2.1.3 Initiation among Past Year Users

Table 6.3 presents percentages of past year initiates in the DR and comparison data among persons aged 12 or older who were past year users of illicit drugs, marijuana, prescription drugs, pain relievers, and illicit drugs other than marijuana. A smaller set of drugs is shown in the table because of smaller numbers of DR respondents who reported past year use or misuse for specific illicit drugs.

Table 6.2 Past Year Initiation of Illicit Drug Use among Persons Aged 12 or Older: Percentages of Persons at Risk for Initiation of Illicit Drug Use, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (*n* = ?c)[1,2]	2013 Comparison (*n* = ?c)[1,3]	2013 DR (*n* = ?c)[1,4]	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLICIT DRUGS, STANDARD DEFINITION[5]	2.3	2.2	2.0	0.3 (0.52)	0.2 (0.52)
Alternate Definition 1[5]	1.8	1.8	1.5	0.3 (0.37)	0.3 (0.39)
Alternate Definition 2[5]	1.7	1.7	1.5	0.2 (0.37)	0.2 (0.39)
Alternate Definition 3[5]	1.8	1.8	1.5	0.3 (0.37)	0.3 (0.39)
Marijuana and Hashish	1.7	1.7	1.4	0.2 (0.37)	0.2 (0.39)
Cocaine	0.3	0.3	0.4	-0.1 (0.18)	-0.1 (0.18)
Crack	0.0[a]	0.0[a]	0.0*	0.0 (0.01)	0.0 (0.01)
Heroin	0.1	0.1	0.0	0.0 (0.04)	0.0 (0.04)
Hallucinogens	0.5[a]	0.5[a]	0.3	0.2 (0.10)	0.2 (0.11)
LSD	0.2	0.2	0.2	0.0 (0.07)	0.0 (0.08)
PCP	0.0[a]	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
Ecstasy	0.4[a]	0.3[a]	0.1	0.2 (0.07)	0.2 (0.06)
Inhalants	0.3	0.2	0.2	0.1 (0.07)	0.0 (0.08)
Methamphetamine	0.1	0.1	0.1	-0.0 (0.05)	-0.0 (0.05)
Prescription Drug Misuse[6]	1.3	1.1	1.3	-0.1 (0.36)	-0.2 (0.36)
Pain Relievers	0.9	0.7	0.8	0.1 (0.24)	-0.1 (0.24)
Tranquilizers	0.6	0.5	0.5	0.1 (0.23)	0.0 (0.22)
Stimulants, Standard Definition[7]	0.3	0.2	0.6	-0.3 (0.23)	-0.4 (0.22)
Stimulants, DR Definition[7]	N/A	N/A	0.7	N/A (N/A)	N/A (N/A)
Sedatives	0.1	0.0	0.4	-0.3 (0.22)	-0.4 (0.22)
ILLICIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION[8]	1.5	1.3	1.5	-0.0 (0.39)	-0.2 (0.40)
Alternate Definition 1[8]	0.7	0.8	0.7	0.1 (0.18)	0.1 (0.20)
Alternate Definition 2[8]	0.7	0.8	0.7	0.1 (0.19)	0.1 (0.20)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; LSD = lysergic acid diethylamide; N/A = not applicable; PCP = phencyclidine.
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

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

[1] Sample does not include Alaska or Hawaii. Sample sizes are for all respondents aged 12 or older after this exclusion had been made. Sample sizes for the specific drugs will vary based on the numbers of persons at risk for initiation.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.
[7] The Standard Definition of stimulant misuse for the DR includes methamphetamine. The DR Definition of stimulant misuse does not include methamphetamine.
[8] Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.3 Past Year Initiation of Use of Selected Illicit Drugs among Persons Aged 12 or Older: Percentages of Past Year Users, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 66,542)[1,2]	2013 Comparison (n = 32,162)[1,3]	2013 DR (n = 2,087)[1,4]	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLICIT DRUGS, STANDARD DEFINITION[5]	6.8	6.6	5.6	1.2 (1.54)	1.0 (1.54)
Alternate Definition 1[5]	7.2	6.9	5.2	2.0 (1.35)	1.7 (1.37)
Alternate Definition 2[5]	7.1	6.7	5.7	1.4 (1.52)	1.0 (1.52)
Alternate Definition 3[5]	7.1	6.8	5.1	2.0 (1.31)	1.7 (1.33)
Marijuana and Hashish	7.3	7.0	5.8	1.5 (1.56)	1.2 (1.59)
Prescription Drug Misuse[6]	14.4	13.3	13.6	0.7 (3.52)	-0.3 (3.52)
Pain Relievers	14.4	13.6	12.9	1.5 (3.88)	0.7 (4.02)
ILLICIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION[7]	11.7	11.2	10.4	1.3 (2.78)	0.8 (2.88)
Alternate Definition 1[7]	15.6	17.2	12.8*	2.7 (5.11)	4.3 (5.30)
Alternate Definition 2[7]	5.5	7.2	8.2*	-2.7 (7.15)	-1.0 (7.16)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable;
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

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

[1] Sample does not include Alaska or Hawaii. Sample sizes are for all respondents aged 12 or older after this exclusion had been made. Sample sizes for the specific drugs will vary based on the numbers of past year users.
[2] 2012 comparison data collected in quarters 1 through 4, 2012. Sample does not include Alaska or Hawaii.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013. Sample does not include Alaska or Hawaii.
[4] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.
[5] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.
[7] Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Percentages of past year initiates among past year users were not significantly different between the DR and comparison data for the illicit drug measures shown in ***Table 6.3***. However, the estimated percentages of past year initiates among past year initiates of illicit drugs other than marijuana would have been suppressed in the DR for the measures that did not include prescription drugs.

6.2.1.4 Mean Age at First Use among Past Year Initiates

NSDUH tables and reports present estimates of mean ages at first use among persons who initiated use of different substances in the past year. As measures of central tendency, however, means are heavily influenced by the presence of extreme values in the data for persons aged 12 or older. To reduce the effect of extreme values, values for the mean age at initiation are calculated for persons aged 12 to 49 and leave out those few respondents who were past year initiates at age 50 or older. Including data from initiates aged 26 to 49 in this broad age group also can cause instability of estimates of the mean age at initiation among persons aged 12 to 49, but this effect is less than that of including data from initiates aged 50 or older.

The DR questionnaire asked respondents to report the age when they first misused each specific prescription drug for which they reported misuse in the past 12 months. That included up to 40 possible pain relievers, 19 tranquilizers, 24 stimulants, and 17 sedatives. In comparison, respondents in the main survey are asked only one age-at-first use question in the tranquilizers and sedatives modules and are asked only two age-at-first use questions in the modules for pain relievers (any pain reliever and OxyContin®) and stimulants (any stimulant and methamphetamine). Even if mean ages at first use in the DR are restricted to persons aged 12 to 49 who were past year initiates, the differences in questions about ages at first use in the DR and main survey could affect the resulting estimates for means.

Table 6.4 presents mean ages at first use among past year initiates aged 12 to 49 in the DR and comparison data for illicit drugs, marijuana, prescription drugs, pain relievers, and illicit drugs other than marijuana.

- Mean ages at first use among past year initiates aged 12 to 49 were lower in the DR than in the comparison data for illicit drug definitions that excluded prescription drugs and for marijuana. However, mean ages for first use of illicit drugs other than marijuana were similar in the DR and comparison data.

The mean age at first misuse of any prescription psychotherapeutic drug among past year initiates aged 12 to 49 was 26.0 years in the DR and 22.6 years in both years of comparison data. The mean age at first misuse of pain relievers was greater for the DR than for the 2013 comparison data (28.8 vs. 20.8 years) but was not significantly different from the mean for the 2012 comparison data (22.1 years).

Table 6.4 Mean Age at First Use of Selected Illicit Drugs among Past Year Initiates Aged 12 to 49: Differences and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 59,005)[1,2]	2013 Comparison (n = 28,470)[1,3]	2013 DR (n = 1,768)[1,4]	DR vs. 2012 Comparison, Difference (SE)	DR vs. 2013 Comparison, Difference (SE)
ILLICIT DRUGS, STANDARD DEFINITION[5]	18.9	19.5	20.5	-1.6 (3.41)	-1.0 (3.33)
Alternate Definition 1[5]	17.9[a]	18.5[a]	15.5	2.5 (0.66)	3.0 (0.74)
Alternate Definition 2[5]	18.2[a]	18.6[a]	15.8	2.4 (0.66)	2.8 (0.72)
Alternate Definition 3[5]	17.9[a]	18.4[a]	15.5	2.5 (0.66)	3.0 (0.74)
Marijuana and Hashish	18.3[a]	18.7[a]	15.8	2.5 (0.66)	2.9 (0.77)
Prescription Drug Misuse[6]	22.6	22.6	26.0	-3.4 (3.08)	-3.4 (3.11)
Pain Relievers	22.1	20.8[a]	28.8	-6.7 (3.68)	-7.9 (3.75)
ILLICIT DRUGS OTHER THAN MARIJUANA, STANDARD DEFINITION[7]	20.8	20.5	23.8	-3.0 (3.05)	-3.3 (2.96)
Alternate Definition 1[7]	17.9	19.1	18.9	-0.9 (1.93)	0.3 (1.92)
Alternate Definition 2[7]	17.9	19.1	18.7	-0.7 (2.00)	0.5 (1.99)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable;
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

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

[1] Sample does not include Alaska or Hawaii. Sample sizes are for all respondents aged 12 to 49 after this exclusion had been made. Sample sizes for the specific drugs will vary based on the numbers of past year initiates.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics. Alternate Definition 3 does not include prescription-type psychotherapeutics but includes methamphetamine.
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data but is not included for the DR.
[7] Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused. Alternate Definition 1 does not include methamphetamine or prescription-type psychotherapeutics. Alternate Definition 2 does not include prescription-type psychotherapeutics.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.1.5 Initiation for Prescription Drugs That Were Misused in the Past Year

Initiation data for prescription drugs in earlier sections focused on comparisons between the DR and main survey data because QFT respondents who reported *only* past year initiation for the prescription drugs that they misused in the past year could have misused other drugs in a given category (e.g., pain relievers) more than 12 months ago. However, it is possible to compare some initiation estimates between the QFT and DR based on data from non-Hispanic English-language respondents in the two datasets. Specifically, both the QFT and DR allow identification of two groups of persons among those who reported past year misuse: (a) persons who initiated misuse more than 12 months ago for any of the drugs that they misused in the past year; and (b) persons who initiated misuse in the past year for all of the drugs that they misused in that period. Persons in the first group by definition would not be past year initiates. However, the second group could include past year initiates for the overall category and persons who misused other drugs in the category that they did not misuse in the past year.

Table 6.5A presents estimated numbers persons aged 12 or older from the QFT and DR who misused prescription drugs in the past year, including those who reported initiation for some drugs more than 12 months ago, and those who reported only past year initiation for the drugs that they misused. ***Table 6.5B*** presents corresponding percentages. Although DR respondents who had missing initiation data for all drugs in a given category that they misused in the past year were asked whether they ever used any drugs in that category more than 12 months ago, QFT respondents were not given this opportunity. Therefore, QFT and DR respondents who had missing data initiation data for all of the individual prescription drugs within a given category that they misused in the past year were excluded from these analyses.

- An estimated 16.3 million persons misused prescription drugs in the past year based on the QFT data, including 11.3 million who initiated misuse of some of these drugs more than 12 months ago, and 3.9 million who reported past year initiation for all of the drugs that they misused in that period. For the DR, 17.3 million persons misused prescription drugs in the past year, including 13.7 million who initiated misuse of some prescription drugs more than 12 months ago, and 3.1 million who reported past year initiation for all of the drugs that they misused in that period. (Numbers of persons who initiated misuse of some drugs more than 12 months ago and those who reported only past year initiation do not sum to the total number of persons who misused any prescription drugs because of missing data.)
- An estimated 12.0 million persons based on QFT data and 11.8 million persons based on DR data misused pain relievers in the past year. In the QFT, 8.6 million persons who initiated misuse of pain relievers more than 12 months ago, and 2.3 million reported past year initiation for all of the pain relievers that they misused in that period. For the DR, 10.0 million persons initiated misuse of pain relievers more than 12 months ago, and 1.6 million reported past year initiation for all of the pain relievers that they misused in that period.

Table 6.5A Past Year Misuse of Prescription Drugs and Initiation of Misuse among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands, Differences, and Standard Error of Differences, 2012 QFT and 2013 Dress Rehearsal

Drug Measure	2012 QFT (n = 1,692)[1]	2013 DR (n = 1,320)[2]	DR vs. 2012 QFT, Difference (SE)
Prescription Drug Misuse, Past Year[3]	16,272	17,588	-1,316 (2,767)
Initiation Reported Before the Past Year[4]	11,298	13,714	-2,416 (2,472)
Only Past Year Initiation Reported for Individual Drugs[4,5]	3,891	3,092	799 (1,062)
Pain Reliever Misuse, Past Year	11,963	11,793	170 (2,233)
Initiation Reported Before the Past Year[4]	8,604	10,049	-1,445 (2,103)
Only Past Year Initiation Reported for Individual Drugs[4,5]	2,316	1,624	691 (800)
Tranquilizer Misuse, Past Year	5,305	6,269	-964 (1,551)
Initiation Reported Before the Past Year[4]	3,780	4,728	-948 (1,303)
Only Past Year Initiation Reported for Individual Drugs[4,5]	1,465	617	848 (480)
Stimulant Misuse, Past Year	4,085	4,127	-41 (1,291)
Initiation Reported Before the Past Year[4]	2,862	2,591	272 (903)
Only Past Year Initiation Reported for Individual Drugs[4,5]	1,102	1,469	-367 (676)
Sedative Misuse, Past Year	1,838	1,761	77 (867)
Initiation Reported Before the Past Year[4]	1,035	787	248 (562)
Only Past Year Initiation Reported for Individual Drugs[4,5]	803	975	-172 (655)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test; DR = Dress Rehearsal; N/A = not applicable.
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

[a] Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

[1] QFT data collected from September 1 through November 3, 2012. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the QFT interview in English also have been excluded for these comparisons.

[2] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii. Data from Spanish-language interviews and Hispanic respondents have been excluded for comparability with the QFT data.

[3] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is not included.

[4] Estimates are based on edited data and therefore could have missing data for initiation. Respondents who had missing initiation data for all individual drugs that they misused in the past year were excluded from these analyses.

[5] Includes respondents who reported past year initiation of misuse for some drugs and had missing initiation data for any remaining drugs that were misused in the past year. Estimates for the DR apply only to the individual drugs that were misused in the past year and do not include data from the new follow-up question for respondents who reported only past year initiation.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.5B Past Year Misuse of Prescription Drugs and Initiation of Misuse among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages of All Persons Aged 12 or Older, Differences, and Standard Error of Differences, 2012 QFT and 2013 Dress Rehearsal

Drug Measure	2012 QFT (n = 1,692)[1]	2013 DR (n = 1,320)[2]	DR vs. 2012 QFT, Difference (SE)
Prescription Drug Misuse, Past Year[3]	7.5	8.1	-0.6 (1.21)
Initiation Reported Before the Past Year[4]	5.2	6.3	-1.1 (1.11)
Only Past Year Initiation Reported for Individual Drugs[4,5]	1.8	1.4	0.4 (0.48)
Pain Reliever Misuse, Past Year	5.5	5.4	0.1 (1.00)
Initiation Reported Before the Past Year[4]	4.0	4.6	-0.6 (0.96)
Only Past Year Initiation Reported for Individual Drugs[4,5]	1.1	0.7	0.3 (0.36)
Tranquilizer Misuse, Past Year	2.4	2.9	-0.4 (0.70)
Initiation Reported Before the Past Year[4]	1.7	2.2	-0.4 (0.60)
Only Past Year Initiation Reported for Individual Drugs[4,5]	0.7	0.3	0.4 (0.21)
Stimulant Misuse, Past Year	1.9	1.9	-0.0 (0.60)
Initiation Reported Before the Past Year[4]	1.3	1.2	0.1 (0.42)
Only Past Year Initiation Reported for Individual Drugs[4,5]	0.5	0.7	-0.2 (0.31)
Sedative Misuse, Past Year	0.8	0.8	0.0 (0.40)
Initiation Reported Before the Past Year[4]	0.5	0.4	0.1 (0.26)
Only Past Year Initiation Reported for Individual Drugs[4,5]	0.4	0.4	-0.1 (0.30)

* Low precision; estimate would be suppressed under NSDUH suppression rules.
QFT = Questionnaire Field Test; DR = Dress Rehearsal; N/A = not applicable.
NOTE: Data on initiation of substance use were not edited to make them consistent with data on most recent use or vice versa.

[a] Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

[1] QFT data collected from September 1 through November 3, 2012. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the QFT interview in English also have been excluded for these comparisons.

[2] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii. Data from Spanish-language interviews and Hispanic respondents have been excluded for comparability with the QFT data.

[3] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is not included.

[4] Estimates are based on edited data and therefore could have missing data for initiation. Respondents who had missing initiation data for all individual drugs that they misused in the past year were excluded from these analyses.

[5] Includes respondents who reported past year initiation of misuse for some drugs and had missing initiation data for any remaining drugs that were misused in the past year. Estimates for the DR apply only to the individual drugs that were misused in the past year and do not include data from the new follow-up question for respondents who reported only past year initiation.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.1.6 Discussion of Past Year Initiation Data

The lack of significant differences between the DR and comparison data for estimated numbers and percentages of past year initiates for prescription drugs suggests that the structure of the prescription drug modules may be performing adequately for estimating the prevalence of initiation of prescription drug misuse. The structural content for the prescription drug modules includes the addition of follow-up questions to detect misuse more than 12 months ago if respondents reported only past year initiation for the specific drugs that they misused in the past year. However, some initiation estimates for prescription drugs that were not significantly different between the DR and comparison data may become significant in 2015 with a larger sample size.

Similarly, the mean age at first use for pain relievers approached 30 years in the DR data and was lower in the 2013 comparison data (***Table 6.4***). The mean in the 2012 comparison data also was about 22 years, despite this age not being significantly different from the age in the DR. One possible explanation for this finding is that extreme values could have had more of an effect on the mean for the DR than for the comparison data because of the smaller sample size for the DR. However, this finding also could indicate that the structure of the prescription drug questions in the DR allows information to be captured about persons who initiate misuse of prescription drugs at an older age compared with the information that is captured from the current questionnaire.

As noted in ***Sections 6.2.1.1*** and ***6.2.1.2***, initiation estimates were significantly different between the DR and comparison data for crack cocaine, hallucinogens, and Ecstasy and between the DR and 2012 comparison data for PCP, despite the content of the initiation questions being the same in the two questionnaires. A possible explanation is that the smaller sample size for the DR and the sample allocation to obtain Spanish-language interviews in the DR may not have been optimal for obtaining interviews from past year initiates for these substances, despite the subsequent weighting.

An alternative explanation that initiation for some of these drugs may be trending downward is not supported by the significant differences between the DR and 2013 comparison data. However, the differences between the estimates of PCP initiation in the DR and 2012 comparison data but not between the DR and 2013 comparison data could be attributable to small numbers of respondents in less than 12 months of survey data who report past year initiation of PCP use. For example, the 2013 comparison data from quarters 3 and 4 yielded an estimate of only 29,000 past year initiates for PCP (***Table 6.1A***).

6.2.2 Contributions of Specific Prescription Drugs to Estimates of Use and Misuse

Including questions about commonly used and misused prescription psychotherapeutic drugs will be important for accurately measuring the prevalence of misuse based on NSDUH data. If drugs with specific active ingredients are most commonly prescribed, it also will be important for the NSDUH questionnaire to include examples of drugs with those active ingredients that respondents are likely to recognize for reporting use and misuse. Conversely, questions about low prevalence drugs may not contribute appreciably but could increase respondent burden. Furthermore, identifying drugs that are still on the market in the

United States but have a low prevalence of use or misuse and that appear to contribute little to prevalence estimates could allow questions about these drugs to be replaced with questions about other prescription drugs.

Tables 6.6 to ***6.9*** present the estimated numbers of persons aged 12 or older who used specific prescription pain relievers, tranquilizers, stimulants, or sedatives in the past year; those who reported past year misuse; and those who reported past year use but not misuse. To increase the available sample size and precision of estimates, the estimates presented in these tables were based on combined QFT and DR data from 3,012 respondents who were not Hispanic and completed the interview in English.

However, only the data for tranquilizers in ***Table 6.7*** were relevant for resolving the remaining questions prior to making recommendations to the Substance Abuse and Mental Health Services Administration (SAMHSA) for the content of the specific prescription drug questions for 2015. Tables for the prescription drug categories other than tranquilizers provide supporting documentation for recommendations that can be made to SAMHSA based on information from other sources. For example, if certain prescription drugs in the QFT and DR questionnaire have been discontinued in 2013 or earlier, recommendations to drop these drugs for 2015 can be made without the need to review the results of these analyses. Nevertheless, discontinued drugs would be expected to have a low prevalence of use and misuse relative to prevalence estimates for drugs that are still on the market in the United States.

Even with the combined data from the QFT and DR, it also was recognized that the small sample sizes could limit the kinds of conclusions that could be drawn from these data about the content of the prescription drug questions for 2015. Therefore, it was assumed that data sources other than the QFT and DR also would be important for making recommendations to SAMHSA about the prescription drug questions for 2015. For example, information from IMS Health is available on rxlist.com for the 200 most commonly dispensed prescription drugs in the United States in 2012.[23] Although the list of most commonly prescribed medications includes drugs that do not have relevance to NSDUH (e.g., antibiotics), several psychotherapeutic drugs are among the 200 most commonly prescribed medications, such as hydrocodone-acetaminophen combinations (e.g., Vicodin®), alprazolam (e.g., Xanax®), amphetamine salts (e.g., Adderall®), and zolpidem (e.g., Ambien®).

6.2.2.1 Pain Relievers

Table 6.6 presents estimated numbers of persons aged 12 or older who used prescription pain relievers in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription pain relievers, groups of pain relievers (e.g., pain relievers containing fentanyl), and specific pain relievers. The latter group includes estimates for specific pain relievers that were identified as having a low prevalence of use or misuse in the QFT (Currivan et al., 2013). Particular attention was given to identifying estimated numbers of persons who reported use or misuse of only these low prevalence drugs. However, comparative statements in this section refer to *relative* differences in

[23] Retrieved on January 8, 2014, from http://www.rxlist.com/script/main/hp.asp. The list includes some duplicate mentions of the same active ingredient if manufacturers market the generic equivalent under different brand names.

Table 6.6 Alternate Measures of Past Year Use and Misuse of Specific Pain Relievers among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Pain Reliever	Any Past Year Use[1]		Past Year Use But Not Misuse[2]		Past Year Misuse[1]	
Any Prescription Pain Reliever[3]	84,034	(4,007)	71,751	(3,703)	12,282	(1,239)
Hydrocodone, Oxycodone, Tramadol, Codeine, or Morphine Products	75,231	(3,800)	64,372	(3,610)	10,824	(988)
Hydrocodone Products	56,940	(3,208)	49,799	(2,976)	7,105	(858)
Lorcet® as Only Hydrocodone Product[4]	243	(116)	210	(111)	0*	(0*)
Lorcet® as Only Pain Reliever	103	(74)	103	(74)	0*	(0*)
Oxycodone Products	28,164	(1,929)	23,977	(1,745)	4,152	(651)
Tylox® as Only Oxycodone Product[4]	193	(98)	193	(98)	0*	(0*)
Tylox® as Only Pain Reliever	68	(68)	68	(68)	0*	(0*)
Tramadol Products	14,655	(1,644)	12,551	(1,596)	2,068	(449)
Codeine Products	27,211	(2,318)	24,044	(2,258)	3,132	(483)
Morphine Products	7,840	(1,165)	7,106	(1,139)	734	(247)
Morphine (Generic)[5]	7,223	(1,117)	6,642	(1,106)	580	(215)
Avinza® as Only Morphine Product	265	(164)	265	(164)	0*	(0*)
Kadian® as Only Morphine Product	90	(64)	51	(51)	38	(38)
MS Contin® as Only Morphine Product[4]	263	(146)	148	(90)	115	(115)
Avinza®, Kadian, or MS Contin as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Propoxyphene Products	5,258	(997)	4,817	(983)	442	(201)
Propoxyphene Products as Only Pain Relievers	248	(184)	229	(183)	19	(19)
Fentanyl Products	1,337	(366)	1,252	(368)	85	(60)
Fentanyl (Generic)[5]	1,102	(334)	1,018	(336)	85	(60)
Actiq® as Only Fentanyl Product	132	(132)	132	(132)	0*	(0*)
Duragesic® as Only Fentanyl Product	51	(51)	51	(51)	0*	(0*)
Fentora® as Only Fentanyl Product	51	(51)	51	(51)	0*	(0*)
Fentanyl Products as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Actiq®, Duragesic®, or Fentora® as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Buprenorphine Products	3,025	(689)	2,155	(647)	870	(296)
Buprenorphine Products as Only Pain Relievers	795	(356)	524	(311)	353	(246)
Demerol®	1,143	(304)	1,084	(301)	60	(45)
Demerol® as Only Pain Reliever	192	(192)	192	(192)	0*	(0*)
Dilaudid®	1,635	(492)	1,237	(473)	398	(127)
Dilaudid® as Only Pain Reliever	183	(130)	183	(130)	178	(107)
Methadone	1,269	(307)	664	(209)	605	(220)
Methadone as Only Pain Reliever	136	(87)	119	(85)	16	(16)

See notes at end of table.

(continued)

Table 6.6 Alternate Measures of Past Year Use and Misuse of Specific Pain Relievers among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal (continued)

Pain Reliever	Any Past Year Use[1]		Past Year Use But Not Misuse[2]		Past Year Misuse[1]	
Opana® or Opana® ER	509	(146)	256	(117)	253	(88)
Opana® or Opana® ER as Only Pain Relievers	87	(62)	87	(62)	0*	(0*)
Talacen®, Talwin®, or Talwin® NX	114	(66)	84	(59)	30	(30)
Talacen®, Talwin®, or Talwin® NX as Only Pain Relievers	0*	(0*)	0*	(0*)	0*	(0*)
Any Other Prescription Pain Reliever	20,169	(1,796)	19,542	(1,799)	597	(268)
Any Other Prescription Pain Reliever as Only Pain Relievers	6,465	(804)	6,360	(813)	432	(255)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons (n = 3,012).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

[1] Persons with unknown data are excluded.

[2] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[3] Includes *hydrocodone products* (Vicodin®, Lortab®, Lorcet®, or generic hydrocodone); *oxycodone products* (OxyContin®, Percocet®, Percodan®, Tylox®, or generic oxycodone); *propoxyphene products* (Darvocet®, Darvon®, or generic propoxyphene); *tramadol products* (Ultram®, Ultram® ER, Ultracet®, Ryzolt®, or generic tramadol); *codeine products* (Tylenol® with codeine 3 or 4 or generic codeine pills); *morphine products* (Avinza®, Kadian®, MS Contin®, Oramorph® SR, or generic morphine); *fentanyl products* (Actiq®, Duragesic®, Fentora®, or generic fentanyl); *buprenorphine products* (Suboxone®, Subutex®, or generic buprenorphine); and Demerol®, Dilaudid®, methadone, Opana®, Opana® ER, Talacen®, Talwin®, Talwin® NX, or any other prescription pain reliever.

[4] Includes use/misuse of pain relievers containing other active ingredients.

[5] Use/misuse of the generic with or without use/misuse of brand name drugs with the same active ingredient.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

prevalence; testing for statistical significance of differences between estimates was not conducted.

- An estimated 84.0 million persons aged 12 or older used any pain reliever in the past year, including approximately 12.3 million who misused pain relievers and approximately 71.8 million who used pain relievers but did not misuse them.
- Of the 84.0 million persons who used any pain reliever in the past year, 75.2 million used pain relievers that contained hydrocodone, oxycodone, tramadol, codeine, or morphine; 5.3 million used products that contained propoxyphene; 1.3 million used products that contained fentanyl; and 3.0 million used products that contained buprenorphine. (Numbers for the categories of pain relievers are not mutually exclusive.)

- Numbers of persons who used Demerol®, Dilaudid®, or methadone ranged from 1.1 million to 1.6 million. Numbers of persons who misused these products in the past year were 60,000 for Demerol®, 398,000 for Dilaudid®, and 605,000 for methadone.
- An estimated 20.1 million persons reported past year use of pain relievers other than those that were included in the pain relievers module.
- Of the 12.3 million persons who misused pain relievers in the past year, most of the misuse was accounted for by pain relievers that contained hydrocodone, oxycodone, tramadol, codeine, or morphine (10.8 million persons, or nearly 90 percent of the persons who misused pain relievers). Among persons who misused pain relievers that contained any of these five ingredients, the three most commonly misused pain relievers were those that contained hydrocodone (7.1 million persons), oxycodone (4.1 million persons), or codeine (3.1 million persons). In addition, 2.1 million persons misused tramadol products, and 734,000 misused morphine products.
- Only 243,000 of the estimated 56.9 million persons who used hydrocodone products in the past year reported that they used Lorcet® but no other hydrocodone products. No respondents in the combined QFT and DR data reported misuse of Lorcet® as the only pain reliever with hydrocodone or the only pain reliever that they misused.
- An estimated 193,000 persons of the 28.1 million persons who used oxycodone products in the past year reported that they used Tylox® but no other oxycodone products. No respondents in the combined QFT and DR data reported misuse of Tylox® as the only pain reliever with oxycodone or the only pain reliever that they misused.
- Most of the estimated use and misuse of morphine products was captured by reports of generic morphine. Among the 7.8 million persons who used morphine products in the past year, 7.2 million (about 90 percent) reported use of the generic. Among the 734,000 persons who misused morphine products in the past year, 580,000 (about 80 percent) reported misuse of the generic. In addition, 115,000 persons who misused morphine products in the past year were estimated to have misused only MS Contin®, and 38,000 misused only Kadian®.
- Similar to morphine, most of the estimated use of fentanyl products was captured by reports of the generic. Among the 1.3 million persons who used fentanyl products in the past year, 1.1 million (about 80 percent) reported use of the generic. In addition, about 10 percent of the past year users of fentanyl products reported that they used only Actiq® (132,000 persons), and about 8 percent reported that they used only Duragesic® or only Fentora® (51,000 persons each). No respondents in the combined QFT and DR data reported misuse of brand-name fentanyl products as the only fentanyl products that they misused.
- Among the estimated 1.3 million persons who used methadone in the past year, nearly half (605,000 persons) misused methadone in that period. Similarly, although only 509,000 persons were estimated to be past year users of the oxymorphone products Opana® or Opana® ER, about half of the past year users reported misuse (253,000 persons).

- Although 20.1 million persons reported past year use of pain relievers other than those that were included in the pain relievers module, only 597,000 persons reported past year misuse of other pain relievers (about 3 percent). Among the estimated 12.3 million persons who misused pain relievers in the past year, only 432,000 (about 4 percent) reported that they misused only pain relievers other than those in the module.

6.2.2.2 Tranquilizers

Table 6.7 presents estimated numbers of persons aged 12 or older who used prescription tranquilizers in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription tranquilizer, groups of tranquilizers (e.g., benzodiazepine tranquilizers), and specific tranquilizers.

- An estimated 39.4 million persons aged 12 or older used any tranquilizer in the past year, including 5.8 million who misused tranquilizers and 33.6 million who used tranquilizers but did not misuse them.
- Of the 39.4 million persons who used any tranquilizer in the past year, 27.1 million used benzodiazepine tranquilizers; 11.4 million used Flexeril® or Soma®; 3.1 million used buspirone, hydroxyzine, or meprobamate; and 5.8 million used other tranquilizers. (Numbers for the categories of tranquilizers are not mutually exclusive.)
- Of the 27.1 million persons who used benzodiazepine tranquilizers in the past year, 263,000 reported that Librium® was the only benzodiazepine they used, 30,000 reported that Tranxene® was the only benzodiazepine they used, and 387,000 reported that oxazepam was the only benzodiazepine that they used. In addition, 649,000 persons were estimated to be past year users of Librium®, Tranxene®, or oxazepam but no other tranquilizers.
- Of the 5.8 million persons who misused tranquilizers in the past year, 4.7 million misused benzodiazepines; 1.6 million misused Flexeril® or Soma®; 286,000 misused buspirone, hydroxyzine, or meprobamate; and 131,000 misused other tranquilizers. An estimated 206,000 persons who misused tranquilizers misused only buspirone, hydroxyzine, or meprobamate.
- The most commonly misused benzodiazepine tranquilizers in the past year were products containing alprazolam (3.3 million persons), lorazepam (1.0 million persons), clonazepam (920,000 persons), or diazepam (475,000 persons). No respondents in the combined QFT and DR data reported misuse of Librium®, Tranxene®, or oxazepam as the only benzodiazepine tranquilizers or the only tranquilizers that they misused.

Table 6.7 Alternate Measures of Past Year Use and Misuse of Specific Tranquilizers for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Tranquilizer	Any Past Year Use[1]		Past Year Use But Not Misuse[1,2]		Past Year Misuse[1]	
Any Prescription Tranquilizer[3]	39,356	(2,974)	33,569	(2,722)	5,787	(776)
Benzodiazepine Tranquilizers	27,113	(2,375)	22,374	(2,168)	4,739	(729)
Xanax®, Xanax® XR, Alprazolam, or Extended-Release Alprazolam	14,431	(1,501)	11,153	(1,300)	3,279	(548)
Ativan® or Lorazepam	6,306	(1,051)	5,291	(985)	1,015	(315)
Klonopin® or Clonazepam	7,262	(1,072)	6,342	(1,018)	920	(269)
Valium® or Diazepam	4,202	(1,057)	3,727	(1,016)	475	(284)
Librium® as Only Benzodiazepine Tranquilizer[4]	263	(263)	263	(263)	0*	(0*)
Tranxene® as Only Benzodiazepine Tranquilizer[4]	30	(30)	30	(30)	0*	(0*)
Oxazepam as Only Benzodiazepine Tranquilizer[4]	387	(368)	387	(368)	0*	(0*)
Librium®, Tranxene®, or Oxazepam as Only Tranquilizers	649	(452)	649	(452)	0*	(0*)
Flexeril® or Soma®	11,440	(1,231)	9,879	(1,116)	1,561	(406)
Flexeril® or Soma® as Only Tranquilizers	5,913	(883)	5,399	(818)	712	(252)
Buspirone (also known as BuSpar®), Hydroxyzine (also known as Atarax® or Vistaril®), or Meprobamate (also known as Equanil® or Miltown®)	3,083	(739)	2,797	(708)	286	(212)
Buspirone, Hydroxyzine, or Meprobamate as Only Tranquilizers	1,215	(506)	1,009	(462)	206	(206)
Any Other Prescription Tranquilizer	5,792	(1,268)	5,661	(1,255)	131	(131)
Any Other Prescription Tranquilizer as Only Tranquilizers	4,044	(1,129)	3,914	(1,115)	131	(131)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons (n = 3,012).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

[1] Persons with unknown data are excluded.

[2] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[3] Includes benzodiazepine tranquilizers (Xanax®, Xanax® XR, alprazolam, extended-release alprazolam, Ativan®, lorazepam, Klonopin®, clonazepam, Valium®, diazepam, Librium®, Tranxene®, or oxazepam); Flexeril®, Soma®, buspirone (also known as BuSpar®), hydroxyzine (also known as Atarax® or Vistaril®), meprobamate (also known as Equanil® or Miltown®), or any other prescription tranquilizer.

[4] Includes use/misuse of other types of tranquilizers or muscle relaxants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.2.3 Stimulants

Table 6.8 presents estimated numbers of persons aged 12 or older who used prescription stimulants in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription stimulants, groups of stimulants (e.g., stimulants containing methylphenidate), and specific stimulants.

- An estimated 15.6 million persons aged 12 or older used any stimulant in the past year, including 5.4 million who misused stimulants and 10.3 million who used stimulants but did not misuse them.
- Of the 15.6 million persons who used any stimulant in the past year, 10.5 million used amphetamines[24] or methylphenidate products; 2.2 million used stimulants that are prescribed for weight loss; 444,000 used Provigil®; and 2.4 million used other stimulants. Of the 10.5 million persons who used amphetamines or methylphenidate products in the past year, 8.5 million used amphetamines, and 3.7 million used methylphenidate products.
- Among the 3.7 million persons who used methylphenidate products in the past year, about 190,000 reported that they used Metadate® CD (126,000 persons) or Metadate® ER (66,000 persons) as their only methylphenidate products, or about 5 percent of the persons who used methylphenidate. No respondents in the combined QFT and DR data reported that Daytrana®, which delivers methylphenidate through a patch, was the only form of methylphenidate that they used in the past year.
- Of the 5.4 million persons who misused stimulants in the past year, most of the misuse was accounted for by amphetamines or methylphenidate products (4.0 million persons, or about 75 percent), including 3.8 million persons who misused amphetamines and 1.1 million who misused methylphenidate. An estimated 84,000 persons misused weight-loss stimulants, and 89,000 persons misused other stimulants.
- No respondents in the combined QFT and DR data reported that the *only* stimulants they misused in the past year were the methylphenidate products Daytrana®, Metadate® CD or Metadate® ER; the weight-loss stimulants Didrex®, benzphetamine, Tenuate®, diethylpropion, or phendimetrazine; Provigil®; or other stimulants.

[24] Amphetamines included Adderall®, Adderall® XR, Dexedrine®, dextroamphetamine, or amphetamine-dextroamphetamine combinations. Vyvanse® (lisdexamfetamine) was not counted as an amphetamine for these analyses.

Table 6.8 Alternate Measures of Past Year Use and Misuse of Specific Stimulants for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Stimulant	Any Past Year Use[1]	Past Year Use But Not Misuse[2]	Past Year Misuse[1]
Any Prescription Stimulant[3]	15,612 (1,416)	10,253 (1,269)	5,359 (753)
Amphetamine or Methylphenidate Products	10,497 (1,159)	6,458 (957)	3,959 (640)
Amphetamine Products	8,492 (981)	4,700 (739)	3,792 (634)
Methylphenidate Products	3,696 (740)	2,563 (687)	1,052 (253)
Daytrana® as Only Methylphenidate Product[4]	0* (0*)	0* (0*)	0* (0*)
Metadate® CD as Only Methylphenidate Product[4]	126 (101)	126 (101)	0* (0*)
Metadate® ER as Only Methylphenidate Product[4]	66 (66)	66 (66)	0* (0*)
Daytrana®, Metadate® CD, or Metadate® ER, as Only Stimulants	96 (96)	96 (96)	0* (0*)
Weight-Loss Stimulants	2,274 (559)	2,190 (550)	84 (48)
Didrex® as Only Weight-Loss Stimulant[4]	0* (0*)	0* (0*)	0* (0*)
Benzphetamine as Only Weight-Loss Stimulant[4]	0* (0*)	0* (0*)	0* (0*)
Tenuate® as Only Weight-Loss Stimulant[4]	0* (0*)	0* (0*)	0* (0*)
Diethylpropion as Only Weight-Loss Stimulant[4]	45 (34)	15 (15)	30 (30)
Phendimetrazine as Only Weight-Loss Stimulant[4]	250 (193)	250 (193)	0* (0*)
Weight-Loss Stimulants as Only Stimulants	1,542 (470)	1,517 (469)	25 (25)
Didrex®, Benzphetamine, Tenuate®, Diethylpropion, or Phendimetrazine as Only Stimulants	63 (50)	63 (50)	0* (0*)
Provigil®	444 (358)	444 (358)	0* (0*)
Provigil® as Only Stimulant	24 (24)	24 (24)	0* (0*)
Any Other Prescription Stimulant	2,376 (613)	2,287 (606)	89 (89)
Any Other Prescription Stimulant as Only Stimulants	1,855 (580)	1,855 (580)	0* (0*)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons (n = 3,012).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

[1] Persons with unknown data are excluded.

[2] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[3] Includes *amphetamine products* (Adderall®, Adderall® XR, Dexedrine®, generic dextroamphetamine, or generic amphetamine-dextroamphetamine combinations); *methylphenidate products* (Ritalin®, Ritalin® SR, Ritalin® LA, Concerta®, Daytrana®, Metadate CD, Metadate ER, Focalin, Focalin XR, generic methylphenidate, or generic dexmethylphenidate); *weight-loss stimulants* (Didrex®, benzphetamine, Tenuate®, diethylpropion, phendimetrazine, or phentermine); and Provigil®, Vyvanse®, or any other prescription stimulant.

[4] Includes use/misuse of other types of stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.2.4 Sedatives

Table 6.9 presents estimated numbers of persons aged 12 or older who used prescription sedatives in the past year, those who reported past year misuse, and those who reported past year use but not misuse. Estimates are presented for any prescription sedatives, groups of sedatives (e.g., barbiturates), and specific sedatives.

- An estimated 18.9 million persons aged 12 or older used any sedative in the past year, including 1.8 million who misused sedatives and 17.1 million who used sedatives but did not misuse them.
- Of the 18.9 million persons who used any sedative in the past year, 13.0 million used zolpidem products; 1.4 million used Lunesta®; 603,000 used zaleplon products; 2.6 million used benzodiazepines that are indicated for use as sedatives; 511,000 used barbiturates; and 4.2 million used other sedatives.
- An estimated 1.6 million persons used only benzodiazepine sedatives in the past year, 511,000 used only barbiturates, and 2.9 million reported that other sedatives were the only sedatives that they used in the past year.
- Among the 2.6 million persons who used benzodiazepine sedatives in the past year, about 1.0 million reported that the only benzodiazepine sedative they used was Halcion® (586,000 persons), triazolam (the generic equivalent of Halcion®; 301,000 persons), or Restoril® (128,000 persons).
- Among the 511,000 persons who used barbiturates in the past year, 390,000 (about 76 percent) reported that phenobarbital was the only barbiturate that they used.
- Most misuse of prescription sedatives in the past year involved misuse of zolpidem products. Among the 1.8 million persons who misused sedatives in the past year, 1.6 million misused zolpidem products (nearly 90 percent).
- Although 4.2 million persons reported past year use of sedatives other than those that were included in the sedatives module, only 24,000 persons reported past year misuse of other sedatives (about 0.4 percent). Among the estimated 1.8 million persons who misused sedatives in the past year, only 24,000 (about 1 percent) reported that they misused only sedatives other than those in the module.

Table 6.9 Alternate Measures of Past Year Use and Misuse of Specific Sedatives for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older: Numbers in Thousands and Standard Errors, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Sedative	Any Past Year Use[1]		Past Year Use But Not Misuse[2]		Past Year Misuse[1]	
Any Prescription Sedative[3]	18,890	(1,754)	17,091	(1,628)	1,800	(434)
Zolpidem Products	13,000	(1,473)	11,410	(1,332)	1,591	(423)
Lunesta®	1,420	(470)	1,274	(456)	146	(115)
Zaleplon Products	603	(299)	524	(288)	78	(78)
Benzodiazepine Sedatives	2,640	(670)	2,318	(648)	322	(173)
Dalmane® as Only Benzodiazepine Sedative[4]	0*	(0*)	0*	(0*)	0*	(0*)
Flurazepam as Only Benzodiazepine Sedative[4]	0*	(0*)	0*	(0*)	0*	(0*)
Halcion® as Only Benzodiazepine Sedative[4]	586	(346)	450	(319)	136	(136)
Triazolam as Only Benzodiazepine Sedative[4]	301	(154)	233	(138)	68	(68)
Restoril® as Only Benzodiazepine Sedative	128	(86)	32	(32)	96	(80)
Benzodiazepine Sedatives as Only Sedatives	1,612	(472)	1,503	(466)	109	(74)
Barbiturates	511	(235)	415	(228)	96	(58)
Butisol® as Only Barbiturate[4]	34	(34)	0*	(0*)	34	(34)
Seconal® as Only Barbiturate[4]	87	(87)	87	(87)	0*	(0*)
Phenobarbital as Only Barbiturate[4]	390	(216)	328	(211)	62	(47)
Barbiturates as Only Sedatives	290	(185)	213	(177)	77	(55)
Any Other Prescription Sedative	4,183	(838)	4,160	(837)	24	(24)
Any Other Prescription Sedative as Only Sedatives	2,939	(724)	2,916	(723)	24	(24)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

NOTE: Standard errors are shown in parentheses. Sample does not include Alaska or Hawaii and does not include Spanish-language interviews, and Hispanic respondents who completed the interview in English also are excluded for these comparisons (n = 3,012).

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

[1] Persons with unknown data are excluded.

[2] Persons who did not misuse a prescription drug/prescription drugs they reported using in the past year. Past year users with missing data for misuse are excluded.

[3] Includes zolpidem products (Ambien®, Ambien® CR, zolpidem, or extended-release zolpidem); Lunesta®, zaleplon products (Sonata® or zaleplon); benzodiazepine sedatives (Dalmane®, flurazepam, Halcion®, triazolam, Restoril®, or temazepam); barbiturates (Butisol®, Seconal®, or phenobarbital); or any other prescription sedative.

[4] Includes use/misuse of other types of sedatives.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

6.2.2.5 Discussion of Specific Prescription Drug Data

Results from ***Tables 6.6*** to ***6.9*** generally are consistent with available information on commonly prescribed medications. For example, hydrocodone pain relievers were the most commonly used and misused prescription pain relievers based on the combined QFT and DR data; three of the top five most commonly dispensed prescription drugs in the data on rxlist.com were versions of pain relievers that contain hydrocodone and acetaminophen. Similarly, the four most commonly misused benzodiazepine tranquilizers in the QFT and DR data (alprazolam, lorazepam, clonazepam, and diazepam) were among the 200 most commonly dispensed prescription drugs in 2012. Amphetamine salts (e.g., Adderall®), extended-release methylphenidate products, and products containing zolpidem also were among the most commonly dispensed prescription drugs.

Conversely, the benzodiazepines Librium®, Tranxene®, and oxazepam and the non-benzodiazepine tranquilizers buspirone, hydroxyzine, and meprobamate were not in the top 200. The absence of these latter tranquilizers from the top 200 list probably reflects a move toward prescribing newer "generations" of benzodiazepines instead of these non-benzodiazepines and "older" benzodiazepine tranquilizers. Similarly, the finding that past year users of barbiturates comprised only about 500,000 of the nearly 19 million persons who were estimated to have used sedatives in the past year probably reflects changes in prescribing practices for treatment of insomnia.

Data on misuse of specific subgroups of prescription drugs also are generally consistent with data from the Drug Enforcement Administration's National Forensic Laboratory Information System (NFLIS), which reports forensic laboratory results for drugs that were seized in criminal justice operations. In 2012, for example, pain relievers containing oxycodone or hydrocodone accounted for nearly 70 percent of the narcotic analgesics that were identified by NFLIS laboratories (Office of Diversion Control, 2013). These also were the two most commonly misused subgroups of prescription pain relievers in the QFT and DR data. Similarly, the 15 most commonly reported tranquilizers and central nervous system depressants in the 2012 NFLIS data included four benzodiazepine tranquilizers (alprazolam, clonazepam, diazepam, and lorazepam), the muscle relaxants carisoprodol (Soma®) and cyclobenzaprine (Flexeril®), zolpidem, the benzodiazepine sedative temazepam (Restoril®), the tranquilizer hydroxyzine, and the barbiturate phenobarbital. Although nearly 85 percent of the forensic laboratory reports for stimulants in 2012 involved methamphetamine, amphetamines (e.g., Adderall®), methylphenidate (e.g., Ritalin®), lisdexampfetamine (Vyvanse®), and phentermine were among the most commonly identified stimulants in 2012 (Office of Diversion Control, 2013).

Consistent with data from these other sources, the QFT and DR data suggest that the redesigned questionnaire is capturing information about the most commonly used and misused prescription psychotherapeutic drugs in the United States. Given the constraints placed on respondent burden, it will be particularly important for redesigning the questionnaire for 2015 to include not only the subgroups of most commonly used and misused prescription drugs within an overall category (e.g., pain relievers that contain hydrocodone), but also to include examples of specific prescription drugs within these subgroups that are most relevant to survey respondents for reporting use and misuse. For example, findings from ***Table 6.6*** suggest that it would be reasonable for 2015 to replace the hydrocodone pain reliever Lorcet® and the oxycodone pain

reliever Tylox® with other pain relievers that could be more important for estimating the prevalence of use and misuse of hydrocodone and oxycodone products, respectively.

On the one hand, low estimates for specific prescription drugs in the QFT and DR data—particularly for past year misuse—can be informative to SAMHSA for identifying prescription drugs that could be dropped for the 2015 questionnaire without seriously sacrificing the validity of prevalence estimates. For example, the low numbers of reports (or no reports) of use or misuse of Librium®, Tranxene®, and oxazepam suggests that these drugs could be dropped for 2015.

However, prevalence is not likely to be the only consideration for decisions to retain or add prescription drugs for 2015. The following issues also are likely to be relevant even if a drug is less commonly prescribed and prevalence estimates are low:

- the potential for serious health consequences if the drug is used outside of medical supervision or not according to medical directions (e.g., extended-release pain relievers for which a Risk Evaluation and Mitigation Strategy [REMS] is required);
- the popularity of a prescription drug to be diverted[25] for misuse (e.g., as evidenced in criminal seizures);
- the breadth of coverage of prescription drugs within an overall psychotherapeutic category (e.g., stimulants that are prescribed for weight loss in addition to those that are prescribed for treatment of attention-deficit/hyperactivity disorder [ADHD]);
- special characteristics of a drug (e.g., tamper-resistant formulations) that could warrant prevalence estimation relative to prevalence estimates for other prescription drugs; and
- evidence that a recently approved prescription drug has the potential to become more commonly diverted for misuse.

6.2.3 Height and Weight

Analyses of height and weight data for the QFT included benchmarking analyses that compared QFT estimates with those from the National Health Interview Survey (NHIS) and the National Health and Nutrition Examination Survey (NHANES). Comparison of height and weight data from the DR with data sources external to NSDUH is discussed in ***Section 7.3***. In addition, analysis of height data from the QFT identified extreme high and low values based on the allowable ranges for the questions. The same allowable ranges for height were present in quarter 1 of the 2013 main survey; these ranges for height were adjusted in quarter 2 of the 2013 main survey and for the DR. Therefore, analyses of height and weight data include data from quarter 1 of 2013 (i.e., prior to the changes for the height questions), in the quarter 3 and 4 comparison data for 2013, and for the DR. Because the height and weight questions were not added to the main survey until 2013, height and weight data are not available for the 2012 comparison data.

[25] Rigg, Kurtz, and Surratt (2012) defined prescription drug diversion as "the transfer of a prescription drug from a lawful to an unlawful channel of distribution or use." The Centers for Medicare & Medicaid Services (CMS) referred to the diversion of drugs from legal and medically necessary uses toward uses that are illegal and typically are not medically authorized or necessary (CMS, 2012).

6.2.3.1 Height

Tables 6.10 through ***6.15*** present summary statistics for height in inches. If respondents reported their height in metric units (i.e., meters and centimeters or centimeters only), their heights were converted to inches. ***Table 6.10*** presents summary height statistics for persons aged 12 or older. ***Tables 6.11*** and ***6.12*** present statistics for males and females aged 12 or older, respectively. ***Tables 6.13*** through ***6.15*** present height statistics for persons aged 16 or older, overall and by gender. In addition, these tables show the number of respondents whose height data were assigned codes for "bad data" because the heights they reported were below or above the values based on the revised ranges for height that were fielded in quarter 2 and in the DR. These cases were treated as having missing data for height.

- For all persons aged 12 or older (***Table 6.10***), all persons aged 16 or older (***Table 6.13***), and males within these age groups (***Tables 6.11*** and ***6.14***), mean estimates of height were similar between the DR, quarter 1 of 2013, and the quarter 3 and quarter 4 comparison data for 2013. For example, the mean height among all persons aged 16 or older was 66.9 inches in quarter 1 of 2013 and in the 2013 data from quarters 3 and 4, and it was 66.6 inches in the DR.
- Among females, the quarter 1 estimates of mean height were greater than those in the DR for females aged 12 or older (***Table 6.12***) and those aged 16 or older (***Table 6.15***). The estimated mean height among females aged 16 or older in quarters 3 and 4 of 2013 also was greater than the corresponding mean for the DR. Among females aged 16 or older, for example, the mean height was 64.2 inches in quarter 1 of 2013, 64.1 inches in quarters 3 and 4 of 2013, and 63.8 inches in the DR.

6.2.3.2 Weight

Tables 6.16 through ***6.21*** present summary statistics for weight in pounds for persons aged 12 or older (***Tables 6.16*** through ***6.18***) and for those aged 16 or older (***Tables 6.19*** through ***6.21***). As for the height tables, statistics for weight in pounds also are presented by gender within these age groups (***Tables 6.17*** and ***6.20*** for males; ***Tables 6.18*** and ***6.21*** for females). Females aged 12 to 44 who reported that they were currently pregnant were asked to report their weight before they became pregnant. If respondents reported their weight in kilograms, their weights were converted to pounds. Unlike the height data, no reported weights were assigned codes for "bad data."

- For all persons aged 12 or older (***Table 6.16***), all persons aged 16 or older (***Table 6.19***), and females within these age groups (***Tables 6.18*** and ***6.21***), mean estimates of weight were similar between the DR, quarter 1 of 2013, and the quarter 3 and quarter 4 comparison data for 2013. For example, the mean weight among all persons aged 16 or older was 177.7 pounds in quarter 1 of 2013, 178.8 pounds in quarters 3 and 4 of 2013, and 176.3 pounds in the DR.

Table 6.10 Summary Statistics for Height in Inches among Persons Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches[1]	2013 Q1 (*n* = 15,368)	2013 Comparison (*n* = 32,162)[2]	2013 DR (*n* = 2,087)[3]
Sample Used in Analysis	14,724	31,289	2,027
Responses Set to "Bad Data" in Editing	262	0	0
Summary Statistics			
Mean	66.8	66.8	66.5
Variance	0.00	0.00	0.03
Standard Deviation	0.06	0.05	0.17
Mode	64.0	64.0	66.0
Range	79.0	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	70.0	70.0	69.0
Median	66.9	67.0	66.0
25th Percentile	64.0	64.0	63.0
Percentiles			
99th Percentile	76.0	77.0	76.0
95th Percentile	74.0	74.0	73.0
90th Percentile	72.0	72.0	72.0
10th Percentile	62.0	62.0	61.0
5th Percentile	60.0	60.0	60.0
1st Percentile	57.0	56.0	57.0
Five Highest			
(Highest)	107.0	113.8	107.0
	106.0	107.9	105.0
	105.0	107.0	103.0
	105.0	107.0	100.8
	105.0	107.0	87.0
Five Lowest			
	36.0	23.6	41.0
	35.0	23.6	41.0
	29.0	23.6	39.0
	28.3	23.6	34.0
(Lowest)	28.0	23.6	30.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., meters, centimeters) were converted to inches.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.11 Summary Statistics for Height in Inches among Males Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches[1]	2013 Q1 (*n* = 7,324)	2013 Comparison (*n* = 15,763)[2]	2013 DR (*n* = 1,002)[3]
Sample Used in Analysis	7,008	15,338	979
Responses Set to "Bad Data" in Editing	136	0	0
Summary Statistics			
Mean	69.5	69.7	69.3
Variance	0.01	0.00	0.04
Standard Deviation	0.07	0.05	0.21
Mode	70.0	71.0	71.0
Range	78.7	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	72.0	72.0	72.0
Median	70.0	70.0	69.0
25th Percentile	67.0	68.0	67.0
Percentiles			
99th Percentile	77.0	78.0	76.0
95th Percentile	75.0	75.0	75.0
90th Percentile	74.0	74.0	73.0
10th Percentile	66.0	65.7	65.0
5th Percentile	64.0	64.0	64.0
1st Percentile	59.0	58.0	59.0
Five Highest			
(Highest)	107.0	113.8	107.0
	105.0	107.9	105.0
	102.0	107.0	103.0
	102.0	107.0	100.8
	102.0	107.0	80.7
Five Lowest			
	40.0	24.0	53.0
	40.0	24.0	53.0
	36.0	23.6	51.0
	35.0	23.6	43.3
(Lowest)	28.3	23.6	30.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., meters, centimeters) were converted to inches.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.12 Summary Statistics for Height in Inches among Females Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches[1]	2013 Q1 (*n* = 8,044)	2013 Comparison (*n* = 16,399)[2]	2013 DR (*n* = 1,085)[3]
Sample Used in Analysis	7,716	15,951	1,048
Responses Set to "Bad Data" in Editing	126	0	0
Summary Statistics			
Mean	64.2[a]	64.0	63.7
Variance	0.00	0.00	0.02
Standard Deviation	0.07	0.05	0.15
Mode	64.0	64.0	63.0
Range	78.0	83.4	53.0
Quartiles			
Maximum	106.0	107.0	87.0
75th Percentile	66.0	66.0	66.0
Median	64.0	64.0	64.0
25th Percentile	62.0	62.0	62.0
Percentiles			
99th Percentile	72.0	72.0	71.0
95th Percentile	69.0	69.0	69.0
90th Percentile	68.0	68.0	68.0
10th Percentile	61.0	60.2	60.0
5th Percentile	59.1	59.0	59.0
1st Percentile	55.0	53.0	54.0
Five Highest			
(Highest)	106.0	107.0	87.0
	105.0	105.0	80.7
	105.0	103.0	79.0
	105.0	101.0	75.0
	104.0	101.0	72.0
Five Lowest			
	40.0	24.0	41.3
	39.0	24.0	41.0
	36.0	23.6	41.0
	29.0	23.6	39.0
(Lowest)	28.0	23.6	34.0

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., meters, centimeters) were converted to inches.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.13 Summary Statistics for Height in Inches among Persons Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches[1]	2013 Q1 (*n* = 11,978)	2013 Comparison (*n* = 24,991)[2]	2013 DR (*n* = 1,743)[3]
Sample Used in Analysis	11,644	24,572	1,704
Responses Set to "Bad Data" in Editing	154	0	0
Summary Statistics			
Mean	66.9	66.9	66.6
Variance	0.00	0.00	0.03
Standard Deviation	0.06	0.05	0.18
Mode	66.0	66.0	66.0
Range	78.7	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	70.0	70.0	70.0
Median	67.0	67.0	66.0
25th Percentile	64.0	64.0	63.0
Percentiles			
99th Percentile	76.0	77.0	76.0
95th Percentile	74.0	74.0	73.0
90th Percentile	72.0	73.0	72.0
10th Percentile	62.0	62.0	61.0
5th Percentile	60.0	60.0	60.0
1st Percentile	58.0	57.0	58.0
Five Highest			
(Highest)	107.0	113.8	107.0
	105.0	107.0	103.0
	105.0	106.0	100.8
	105.0	105.0	87.0
	105.0	105.0	80.7
Five Lowest			
	40.2	24.0	43.3
	40.0	23.6	41.3
	40.0	23.6	39.0
	40.0	23.6	34.0
(Lowest)	28.3	23.6	30.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., meters, centimeters) were converted to inches.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.14 Summary Statistics for Height in Inches among Males Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches[1]	2013 Q1 (*n* = 5,644)	2013 Comparison (*n* = 12,030)[2]	2013 DR (*n* = 809)[3]
Sample Used in Analysis	5,490	11,842	796
Responses Set to "Bad Data" in Editing	80	0	0
Summary Statistics			
Mean	69.8	70.0	69.5
Variance	0.01	0.00	0.05
Standard Deviation	0.07	0.06	0.21
Mode	70.0	71.0	71.0
Range	78.7	90.2	76.3
Quartiles			
Maximum	107.0	113.8	107.0
75th Percentile	72.0	72.0	72.0
Median	70.0	70.0	69.0
25th Percentile	68.0	68.0	67.0
Percentiles			
99th Percentile	77.0	78.0	76.0
95th Percentile	75.0	75.0	75.0
90th Percentile	74.0	74.0	73.0
10th Percentile	66.0	66.0	65.0
5th Percentile	65.0	65.0	64.0
1st Percentile	62.0	62.0	62.0
Five Highest			
(Highest)	107.0	113.8	107.0
	105.0	107.0	103.0
	101.0	106.0	100.8
	96.0	105.0	80.7
	95.0	105.0	80.0
Five Lowest			
	42.1	24.0	58.0
	40.6	24.0	57.0
	40.2	24.0	56.0
	40.0	23.6	43.3
(Lowest)	28.3	23.6	30.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., meters, centimeters) were converted to inches.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.15 Summary Statistics for Height in Inches among Females Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Height in Inches[1]	2013 Q1 (*n* = 6,334)	2013 Comparison (*n* = 12,961)[2]	2013 DR (*n* = 934)[3]
Sample Used in Analysis	6,154	12,730	908
Responses Set to "Bad Data" in Editing	74	0	0
Summary Statistics			
Mean	64.2[a]	64.1[a]	63.8
Variance	0.01	0.00	0.03
Standard Deviation	0.07	0.05	0.16
Mode	64.0	64.0	64.0
Range	65.0	81.4	53.0
Quartiles			
Maximum	105.0	105.0	87.0
75th Percentile	66.0	66.0	66.0
Median	64.0	64.0	64.0
25th Percentile	62.0	62.0	62.0
Percentiles			
99th Percentile	72.0	72.0	71.0
95th Percentile	69.0	69.0	69.0
90th Percentile	68.0	68.0	68.0
10th Percentile	61.0	61.0	60.0
5th Percentile	60.0	59.1	60.0
1st Percentile	56.0	54.0	56.0
Five Highest			
(Highest)	105.0	105.0	87.0
	105.0	103.0	80.7
	105.0	101.0	72.0
	101.0	101.0	72.0
	101.0	98.0	72.0
Five Lowest			
	43.3	24.0	48.0
	41.3	24.0	45.7
	40.6	24.0	41.3
	40.0	23.6	39.0
(Lowest)	40.0	23.6	34.0

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., meters, centimeters) were converted to inches.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.16 Summary Statistics for Weight in Pounds among Persons Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds[1]	2013 Q1 (*n* = 15,368)	2013 Comparison (*n* = 32,162)[2]	2013 DR (*n* = 2,087)[3]
Sample Used in Analysis	15,027	31,320	2,027
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	174.7	175.8	173.4
Variance	0.42	0.24	2.54
Standard Deviation	0.65	0.49	1.59
Mode	150.0	150.0	150.0
Range	502.7	557.8	423.3
Quartiles			
Maximum	551.2	606.3	463.0
75th Percentile	200.0	200.0	200.0
Median	170.0	170.0	170.0
25th Percentile	140.0	140.0	140.0
Percentiles			
99th Percentile	328.0	320.0	300.0
95th Percentile	260.0	260.0	259.0
90th Percentile	235.0	235.0	235.0
10th Percentile	120.0	120.0	122.0
5th Percentile	110.0	110.0	110.0
1st Percentile	90.0	92.0	90.0
Five Highest			
(Highest)	551.2	606.3	463.0
	550.0	606.3	436.5
	540.1	606.3	368.2
	500.0	551.2	365.0
	495.0	551.2	360.0
Five Lowest			
	50.0	50.0	64.0
	50.0	50.0	58.0
	48.5	50.0	40.0
	48.5	50.0	40.0
(Lowest)	48.5	48.5	39.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., kilograms) were converted to pounds.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.17 Summary Statistics for Weight in Pounds among Males Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds[1]	2013 Q1 (*n* = 7,324)	2013 Comparison (*n* = 15,763)[2]	2013 DR (*n* = 1,002)[3]
Sample Used in Analysis	7,185	15,404	980
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	190.8[a]	192.0[a]	185.7
Variance	0.77	0.43	5.25
Standard Deviation	0.87	0.65	2.29
Mode	180.0	180.0	150.0
Range	502.7	557.8	423.3
Quartiles			
Maximum	551.2	606.3	463.0
75th Percentile	215.0	216.0	210.0
Median	185.0	185.0	180.0
25th Percentile	162.0	163.0	155.0
Percentiles			
99th Percentile	343.0	340.0	315.0
95th Percentile	275.0	275.0	255.0
90th Percentile	250.0	250.0	240.0
10th Percentile	140.0	140.0	135.0
5th Percentile	125.0	125.0	124.0
1st Percentile	90.0	95.0	99.0
Five Highest			
(Highest)	551.2	606.3	463.0
	550.0	606.3	436.5
	540.1	606.3	365.0
	500.0	551.2	360.0
	495.0	550.0	350.0
Five Lowest			
	50.0	50.0	75.0
	50.0	50.0	65.0
	48.5	50.0	58.0
	48.5	50.0	40.0
(Lowest)	48.5	48.5	39.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., kilograms) were converted to pounds.

[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.18 Summary Statistics for Weight in Pounds among Females Aged 12 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds[1]	2013 Q1 (*n* = 8,044)	2013 Comparison (*n* = 16,399)[2]	2013 DR (*n* = 1,085)[3]
Sample Used in Analysis	7,842	15,916	1,047
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	159.6	160.4	161.6
Variance	0.59	0.40	4.84
Standard Deviation	0.77	0.64	2.20
Mode	120.0	130.0	130.0
Range	430.0	501.2	328.2
Quartiles			
Maximum	480.0	551.2	368.2
75th Percentile	180.0	180.0	185.0
Median	150.0	150.0	150.0
25th Percentile	130.0	130.0	130.0
Percentiles			
99th Percentile	300.0	299.0	290.0
95th Percentile	240.0	245.0	259.0
90th Percentile	216.0	218.3	225.0
10th Percentile	115.0	115.0	116.0
5th Percentile	107.0	106.0	105.0
1st Percentile	91.0	91.0	75.0
Five Highest			
(Highest)	480.0	551.2	368.2
	450.0	500.0	320.0
	444.0	460.0	318.0
	440.0	443.1	316.0
	424.0	423.3	300.0
Five Lowest			
	60.0	50.0	67.0
	58.0	50.0	67.0
	50.0	50.0	65.0
	50.0	50.0	64.0
(Lowest)	50.0	50.0	40.0

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., kilograms) were converted to pounds.
[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.19 Summary Statistics for Weight in Pounds among Persons Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds[1]	2013 Q1 (*n* = 11,978)	2013 Comparison (*n* = 24,991)[2]	2013 DR (*n* = 1,743)[3]
Sample Used in Analysis	11,803	24,582	1,707
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	177.7	178.8	176.3
Variance	0.47	0.27	2.55
Standard Deviation	0.69	0.52	1.60
Mode	150.0	150.0	150.0
Range	491.6	556.3	423.3
Quartiles			
Maximum	540.1	606.3	463.0
75th Percentile	200.0	202.0	200.0
Median	172.0	174.0	172.0
25th Percentile	145.0	145.0	141.0
Percentiles			
99th Percentile	330.0	321.9	300.0
95th Percentile	260.0	265.0	259.0
90th Percentile	235.0	240.0	236.0
10th Percentile	125.0	125.0	125.0
5th Percentile	115.0	116.0	117.0
1st Percentile	100.0	100.0	95.0
Five Highest			
(Highest)	540.1	606.3	463.0
	500.0	606.3	436.5
	495.0	551.2	368.2
	480.0	551.2	365.0
	474.0	550.0	360.0
Five Lowest			
	50.0	50.7	65.0
	50.0	50.0	64.0
	50.0	50.0	40.0
	48.5	50.0	40.0
(Lowest)	48.5	50.0	39.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., kilograms) were converted to pounds.

[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.20 Summary Statistics for Weight in Pounds among Males Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds[1]	2013 Q1 (*n* = 5,644)	2013 Comparison (*n* = 12,030)[2]	2013 DR (*n* = 809)[3]
Sample Used in Analysis	5,586	11,877	799
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	194.7[a]	195.9[a]	189.0
Variance	0.80	0.46	5.92
Standard Deviation	0.89	0.68	2.43
Mode	180.0	180.0	150.0
Range	491.6	556.3	423.3
Quartiles			
Maximum	540.1	606.3	463.0
75th Percentile	215.0	220.0	215.0
Median	185.0	190.0	185.0
25th Percentile	165.0	165.0	160.0
Percentiles			
99th Percentile	343.9	340.0	315.0
95th Percentile	276.0	276.0	260.0
90th Percentile	250.0	250.0	240.0
10th Percentile	147.0	146.0	140.0
5th Percentile	137.0	135.0	130.0
1st Percentile	115.0	120.0	110.0
Five Highest			
(Highest)	540.1	606.3	463.0
	500.0	606.3	436.5
	495.0	551.2	365.0
	474.0	550.0	360.0
	456.0	501.0	350.0
Five Lowest			
	50.0	55.0	100.0
	50.0	50.7	99.2
	50.0	50.7	94.0
	48.5	50.0	40.0
(Lowest)	48.5	50.0	39.7

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., kilograms) were converted to pounds.

[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.21 Summary Statistics for Weight in Pounds among Females Aged 16 or Older: 2013 Quarter 1, 2013 Comparison, and 2013 Dress Rehearsal

Weight in Pounds[1]	2013 Q1 (*n* = 6,334)	2013 Comparison (*n* = 12,961)[2]	2013 DR (*n* = 934)[3]
Sample Used in Analysis	6,217	12,705	908
Responses Set to "Bad Data" in Editing	0	0	0
Summary Statistics			
Mean	162.0	162.6	164.2
Variance	0.66	0.46	4.85
Standard Deviation	0.81	0.68	2.20
Mode	130.0	130.0	130.0
Range	430.0	501.2	328.2
Quartiles			
Maximum	480.0	551.2	368.2
75th Percentile	180.0	185.0	190.0
Median	154.0	154.3	154.0
25th Percentile	130.0	132.0	130.0
Percentiles			
99th Percentile	300.0	300.0	290.0
95th Percentile	245.0	247.0	259.0
90th Percentile	220.0	220.0	230.0
10th Percentile	117.0	118.0	120.0
5th Percentile	110.0	110.0	110.0
1st Percentile	98.0	96.0	78.0
Five Highest			
(Highest)	480.0	551.2	368.2
	450.0	460.0	320.0
	444.0	443.1	318.0
	440.0	423.3	316.0
	424.0	410.0	300.0
Five Lowest			
	70.0	60.0	68.0
	70.0	55.0	67.0
	65.0	51.0	65.0
	58.0	50.0	64.0
(Lowest)	50.0	50.0	40.0

DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Answers in metric units (i.e., kilograms) were converted to pounds.

[2] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[3] DR data collected from September 1 through October 31, 2013. Sample does not include Alaska or Hawaii.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

- Among males, the DR estimates of weight were lower than those in quarter 1 of 2013 and in quarters 3 and 4 of 2013 for males aged 12 or older (***Table 6.17***) and for those aged 16 or older (***Table 6.20***). The estimated mean weight among males aged 16 or older was 189.0 pounds in the DR. In comparison, the mean weights among males aged 16 or older were 194.7 pounds in quarter 1 of 2013 and 195.9 pounds in quarters 3 and 4 of 2013.

6.2.3.3 Discussion of Height and Weight Data

Except where noted, findings for height and weight were consistent across the different NSDUH data sources that were examined in this section. Where means differed, these findings could reflect the influence of extreme high or low values on the resulting means in the DR data because of the smaller DR sample size. However, further comparison of NSDUH height and weight data with data from other sources also will be important for (see ***Section 7.3***) increasing SAMHSA's confidence in the validity of these NSDUH data.

6.3 Further Analyses Based on QFT Findings or Analyses to Explain Anticipated Findings in 2015

6.3.1 Core Substance Use Items Other Than Methamphetamine and Prescription Drugs

This section presents highlights for core substance use estimates from the 2012 NSDUH comparison data, the 2013 NSDUH quarters 3 and 4 comparison data, and data from the QFT and DR for substances other than methamphetamine and prescription drugs. ***Section 6.3.1.1*** discusses highlights for marijuana, cocaine, and heroin. ***Section 6.3.1.2*** discusses highlights for hallucinogens, and ***Section 6.3.1.3*** discusses highlights for inhalants. ***Section 6.3.1.4*** discusses multiple definitions of use of "any illicit drug." ***Sections 6.3.1.5*** and ***6.3.1.6*** present highlights based on these definitions for any illicit drug use. ***Sections 6.3.1.7*** and ***6.3.1.8*** present findings for cigarette use and smokeless tobacco use, respectively. Finally, ***Section 6.3.1.9*** provides findings on any use of alcohol, and ***Section 6.3.1.10*** presents findings for binge alcohol use, as defined in that section.

6.3.1.1 Marijuana, Cocaine, and Heroin

This section presents key findings for marijuana, cocaine, and heroin use from the 2012 comparison data and 2013 quarters 3 and 4, as well as data from the QFT and DR. ***Tables 6.22*** through ***6.25*** provide estimates for lifetime use of these substances for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older. Likewise, ***Tables 6.26*** through ***6.29*** provide estimates for past year use of these substances, and ***Tables 6.30*** through ***6.33*** provide estimates for past month use of these substances. No changes were made in the instrument for the QFT and DR for the questions on marijuana, cocaine (including crack), and heroin use. However, some significant differences between the QFT and comparison data had been identified that warranted further investigation in the DR analysis (Currivan et al., 2013). Furthermore, some differences that were not significant in the QFT analysis could become significant when QFT and DR data are combined for non-Hispanic English-language respondents.

- In contrast to the finding of no significant differences in the lifetime prevalence of crack cocaine use between the QFT data and corresponding comparison data for persons aged 12 or older, the estimate for lifetime crack use among persons aged 12 or older in the combined QFT and DR data (5.2 percent) was greater than the estimates in the 2012 and 2013 comparison data (3.7 and 3.6 percent, respectively) (***Table 6.22***).
- Among adolescents aged 12 or older, the findings of lower estimates of any cocaine use in the QFT than in the comparison data continued to be observed in the combined QFT and DR data for lifetime (***Table 6.23***), past year (***Table 6.27***), and past month use (***Table 6.31***). However, the past month estimate for the combined QFT and DR data would have been suppressed in published estimates.
- Among young adults aged 18 to 25, the rate of past month cocaine use had been higher in the 2011 comparison data than in the QFT (Currivan et al., 2013). However, the rates were similar for the combined QFT-DR data and the 2012 and 2013 comparison data (***Table 6.32***).
- Among adults aged 26 or older, the lifetime rate of crack use was *higher* in the combined QFT-DR data (6.2 percent) compared with the rate of 4.3 percent in both the 2012 and 2013 comparison data (***Table 6.25***).
- For heroin, estimates were lower in the combined QFT-DR data than in the 2012 or 2013 comparison data for past year use among 12 to 17 year olds, past month use among persons aged 12 or older (***Table 6.30***), and past month use among adolescents aged 12 to 17 and adults aged 26 or older (***Table 6.33***). However, the combined QFT/DR estimates would have been suppressed for all of these estimates except for past month use among persons aged 12 or older.

Thus, some differences between field test and comparison data for estimates of cocaine and heroin use that had been observed in the QFT continued to be observed in the combined QFT and DR data despite the content of these modules not changing for the QFT and DR. However, the assumption continues to be that any changes in prevalence for these drugs in 2015 relative to earlier years based on a full sample of approximately 67,000 interviews in 2015 will reflect an actual change in prevalence in the population. This assumption can be tested by reviewing trend data that include data from the first 6 months of 2015, which will likely have a sample size of more than 30,000, or roughly 10 times the sample size of the combined QFT-DR data. In addition, single-year fluctuations in prevalence would need to be interpreted with caution. It would be important to examine trends across multiple years—including years beyond 2015—to account for occasional fluctuations in prevalence that may "correct" themselves with additional years of data.

6.3.1.2 Hallucinogens

This section discusses key findings for use of any hallucinogen, lysergic acid diethylamide (LSD), phencyclidine (PCP), and Ecstasy in the QFT and DR data and in the 2012 and 2013 comparison data. Although questions about ketamine, tryptamines, and *Salvia divinorum* had been moved from the noncore special drugs module to the core hallucinogens

module for the QFT and DR, findings from the QFT indicated few differences in lifetime, past year, or past month prevalence between the QFT and comparison data (Currivan et al., 2013).

- Among adolescents aged 12 to 17, the estimate of lifetime use of hallucinogens was greater in the QFT than in the 2011 and 2012 comparison data. Similarly, the prevalence of lifetime use of hallucinogens among adolescents was greater in the combined QFT-DR data (4.5 percent) than in the 2013 comparison data (2.5 percent) (***Table 6.23***).
- For Ecstasy, the prevalence of past month use was lower in the combined QFT-DR data than in the 2013 comparison data for persons aged 12 or older (0.1 vs. 0.3 percent) (***Table 6.30***). The prevalence of past month use among adults aged 26 or older also was lower in the combined QFT-DR data (less than 0.05 percent) than in the 2012 or 2013 comparison data (0.1 and 0.2 percent, respectively) (***Table 6.33***).

In addition, respondents in the main survey and the QFT were asked about lifetime use of "any other" hallucinogen besides the ones they had seen in the preceding questions. Respondents who reported use of other hallucinogens could specify use of up to five other hallucinogens that they had ever used (subsequently referred to in this section as "OTHER, Specify" data). The questions about ketamine, tryptamines, and *Salvia divinorum* had been included in the main survey since 2006 because of evidence from their "OTHER, Specify" data that these could be additional important substances for understanding hallucinogen use, especially among adolescents and young adults aged 18 to 25 (Kroutil, Vorburger, & Aldworth, 2007). Questions about these hallucinogens were moved from the special drugs module in the main survey to the core hallucinogens module in the QFT and DR questionnaires. The effect of this movement had been investigated for the QFT to assess whether it affected the reporting of (a) use of these three hallucinogens because of their earlier placement in the QFT and DR; and (b) use of "other" hallucinogens.

Estimates of lifetime use of ketamine, tryptamines, *Salvia divinorum*, and other hallucinogens in the QFT-DR data and in the 2012 and 2013 comparison data are shown in ***Table 6.34***. As was observed for the QFT, estimates of lifetime use of other hallucinogens were lower in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older. Among persons aged 12 or older, the estimate of lifetime use of other hallucinogens was 0.7 percent for the QFT-DR, 1.5 percent for the 2012 comparison data, and 1.9 percent for the 2013 comparison data. In addition, the prevalence of lifetime use of *Salvia divinorum* among adolescents aged 12 to 17 in the QFT-DR (1.8 percent) was greater than that in the 2013 comparison data (0.6 percent) but was not significantly different from the prevalence in the 2012 comparison data (1.1 percent).

At least for adults, these findings offer further indication that moving the additional hallucinogen questions from the special drugs module to the core hallucinogens module in the QFT appears to have affected the reporting for the residual "other" hallucinogen category. Benefits of this change are that analysts have more information about the specific hallucinogens that persons have used, whereas the category for other hallucinogens can be a "catchall" for a wide variety of possible substances. Furthermore, this change could reduce the amount of data review and coding of "OTHER, Specify" data that is needed for hallucinogens when the redesigned questionnaire is fielded in 2015. An additional noteworthy finding from these

analyses is that moving the questions for these three hallucinogens from the special drugs module to the core hallucinogens module did not appear to affect most lifetime estimates. Although one difference between QFT-DR data and comparison data was observed for the lifetime estimate of *Salvia divinorum* among adolescents, this was not a consistent pattern across both sets of comparison data.

6.3.1.3 Inhalants

Questions about lifetime use of felt-tip pens and computer keyboard cleaner (air duster) were added to the inhalants module for the QFT and DR because review of "OTHER, Specify" data suggested that these could be other important inhalants that persons used to get high. Furthermore, prior research has shown that NSDUH respondents are more likely to report use of a substance if they are asked a direct "yes/no" question about the substance than if they need to type in its name as part of "OTHER, Specify" questions (Kroutil, Vorburger, Aldworth, & Colliver, 2010).

Although the only change to the inhalants module for the QFT was the addition of the questions about lifetime use of these two inhalants, estimates of lifetime use of inhalants were greater in the QFT than in the 2011 and 2012 comparison data for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (Currivan et al., 2013). In turn, increased reporting of lifetime use could translate to increased reporting of use in more recent periods.

- The same finding of a higher prevalence of lifetime use of inhalants was observed for the combined QFT-DR data relative to the 2012 and 2013 comparison data for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (***Tables 6.22***, ***6.23***, and ***6.25***). Among adolescents, the estimates of lifetime use of inhalants were 9.4 percent for the combined QFT-DR data, 6.2 percent for the 2012 comparison data, and 4.9 percent for the 2013 comparison data.
- As in the QFT, estimates of past year and past month use of inhalants did not differ significantly between the QFT-DR data and comparison data for persons aged 12 or older and adults aged 18 to 25 (***Tables 6.26*** and ***6.28***, respectively, for the past year and ***Tables 6.30*** and ***6.32*** for the past month). Estimates of past year use of inhalants among adults aged 26 older also were similar in the QFT-DR and comparison data (***Table 6.29***).
- For adolescents aged 12 to 17, a similar pattern of estimates of past year use of inhalants was observed in the QFT-DR data that was observed in the QFT, with the QFT-DR estimate (3.5 percent) being higher than the estimate from the 2013 comparison data from quarters 3 and 4 (1.9 percent) but no significant difference between the QFT-DR estimate and that from all four quarters in the 2012 comparison data (2.3 percent) (***Table 6.27***).
- Among adults aged 26 or older, the estimates of past month use were 0.1 percent in the QFT-DR data and the 2012 comparison data (***Table 6.33***). This estimate for the QFT-DR data was lower than the estimate for the 2013 comparison data (0.2 percent).

As for the hallucinogen data that were described previously, adding the questions to the QFT about lifetime use of felt-tip pens or computer keyboard cleaner could affect the reporting

of the lifetime use of "other" inhalants. Also, computer keyboard cleaner is an aerosol product. Therefore, asking about lifetime use of computer keyboard cleaner could affect estimates for lifetime use of other aerosol sprays (i.e., other than spray paint in the main study and other than spray paint or computer keyboard cleaner in the QFT).

Analysis of QFT data indicated that adolescents aged 12 to 17 who had ever inhaled felt-tip pens appeared to comprise a substantial portion of the adolescent lifetime inhalant users. Among young adults aged 18 to 25, those who had ever inhaled felt-tip pens comprised about half of the lifetime users of inhalants (Currivan et al., 2013).

Estimates of lifetime use of felt-tip pens and computer keyboard cleaner were made for the combined QFT-DR data. Estimates of lifetime use of other aerosol sprays and other inhalants also were compared for the QFT-DR data and the data from 2012 and quarters 3 and 4 of 2013. These estimates are shown in ***Table 6.35***.

- Consistent with the findings for the QFT, the QFT-DR estimate for lifetime use of other aerosol sprays among adults aged 18 to 25 was lower than the estimates in the 2012 and 2013 comparison data. The QFT-DR estimate for other inhalants also was lower than the comparison data, although the QFT-DR estimate was flagged for suppression.
- Among adolescents aged 12 to 17, the lifetime estimate of use of other inhalants in the QFT-DR data than in the 2012 comparison data (0.7 vs. 1.4 percent) but was similar to the estimate in the 2013 comparison data (0.9 percent). In the QFT, the estimate of use of other inhalants among adolescents was not significantly different from the estimates in the comparison data (Currivan et al., 2013).

To further understand the estimates in ***Table 6.35*** and in anticipation of effects on estimates of inhalant use in 2015, analyses of the QFT data were repeated for the combined QFT-DR data that categorized users into two groups: (1) lifetime users of felt-tip pens or computer keyboard cleaner (which could include persons who used other inhalants in addition to these two); and (2) lifetime users of other inhalants, excluding use of felt-tip pens and computer keyboard cleaner. Estimates for these two groups of lifetime users were made for persons aged 12 or older and for each age group.

Estimates of persons aged 12 or older and in each age group who reported past year use also were made for these two groups of lifetime users. These estimates are shown in ***Table 6.40***. However, the estimates by age group were flagged for suppression. Statistical testing was not conducted to identify any age group differences in the estimates presented in this table or differences in the past year estimates. Also, the questions in the QFT and DR did not allow determination of the specific inhalants that were used in the past year.

- Percentages of persons who were lifetime users of felt-tip pens or computer keyboard cleaners were 7.9 percent for 12 to 17 year olds, 7.4 percent for 18 to 25 year olds, and 2.9 percent for adults aged 26 or older. Percentages of persons who were lifetime users of other inhalants (but not these two) were 1.4 percent for 12 to 17 year olds, 2.9 percent for 18 to 25 year olds, and 8.5 percent for adults aged 26 or older.

- Among persons aged 12 or older who were lifetime users of felt-tip pens or computer keyboard cleaners, 12.4 percent used some inhalant in the past year. For lifetime users of other inhalants excluding these two, 3.3 percent used inhalants in the past year. These findings from the combined QFT-DR data were consistent with those from the QFT data alone (Currivan et al., 2013).
- An estimated 31.5 percent of adolescents who were lifetime users of felt-tip pens or computer keyboard cleaners and 69.4 percent of lifetime users of other inhalants excluding these two were past year users. Because of the low precision of these estimates, however, these findings for adolescents need to be interpreted with caution.

Consistent with the findings from the QFT (Currivan et al., 2013), lifetime use of felt-tip pens or computer keyboard cleaner *appears* to be more common among adolescents and young adults than among adults aged 26 or older. As noted previously, however, age group differences were not tested.

Taken together, these additional analyses further suggest that adding the questions about lifetime use of felt-tip pens and computer keyboard cleaner may affect data trends in lifetime use of inhalants once the new questionnaire is fielded for the 2015 survey, including trends for adults aged 26 or older. Given that the estimates of past year use of inhalants were not significantly different between either the QFT data or the combined QFT-DR data relative to the comparison datasets that included four quarters of data, these findings are inconclusive regarding the potential that this questionnaire change could affect trends for past year use of inhalants among adolescents. However, estimates for past month use of inhalants appeared unlikely to be affected by this change. Because NSDUH national reports tend to focus on estimates of past month use (i.e., current use), inclusion of these two additional inhalants in the 2015 survey might have a small impact on trends in the past month use of inhalants. Because long-term trends in lifetime use and past year use of inhalants are typically included in annual NSDUH detailed tables and reports of findings, it will be important for SAMHSA to consider how to handle any disruption in the trends for lifetime use of inhalants in the detailed tables and national reporting for 2015.

6.3.1.4 Definitions of Illicit Drug Summary Measures

This section discusses the definitions for various summary measures of illicit drug use. The standard definition of any illicit drug use captures use of any of one of nine categories of illicit drugs: marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and misuse of any one of four classes of psychotherapeutics (i.e., pain relievers, tranquilizers, stimulants, and sedatives). The standard definition of any illicit drug use also includes use of methamphetamine as reported in the noncore questions that were added in 2005 and 2006. The standard definition also includes data from the new methamphetamine module in the QFT and DR. In addition, because marijuana use has historically been the most prevalent form of illicit drug use, a summary measure of illicit drug use other than marijuana is a standard NSDUH measure that allows for the detection of trends in any illicit drug use that may be masked by trends in marijuana use.

Because of extensive changes to questions asking about prescription drug misuse (including the addition of a new methamphetamine module), the standard definitions of any illicit drug use (and any illicit drug use other than marijuana) were modified for analyses

described in this chapter to exclude the use of methamphetamine and the misuse of any prescription drugs. Alternate Definition 1 of any illicit drug use covers any use of marijuana, cocaine (including crack), heroin, hallucinogens, and inhalants. Comparisons between the combined QFT-DR data and corresponding comparison data for this measure are free of any measurable differences in the use of methamphetamine and the misuse of psychotherapeutics. Alternate Definition 3 for any illicit drug use includes use of marijuana, cocaine (including crack), heroin, hallucinogens, inhalants, and methamphetamine. Similarly, the Alternate Definition of any illicit drug use other than marijuana covers any use of cocaine (including crack), heroin, hallucinogens, and inhalants.[26]

In addition, as noted in ***Sections 6.3.1.2*** and ***6.3.1.3***, the modules for hallucinogens and inhalants were modified by explicitly asking respondents about hallucinogens that had previously been asked about in the special drugs module and asking direct questions about specific additional inhalants. Thus, Alternate Definition 2 of any illicit drug use is similar to Alternate Definition 1 except that the use of hallucinogens and inhalants is ignored. Similarly, ignoring any reported use of hallucinogens and inhalants leads to a measure of any illicit drug use other than marijuana that only contains two categories of drugs: cocaine (including crack) and heroin.

Exhibit 6.1 summarizes these measures, which were all were constructed for the lifetime, past year, and past month reporting periods. These estimates are shown in ***Tables 6.22*** to ***6.33*** and ***Tables 6.42*** to ***6.45***. Estimates from ***Tables 6.22*** to ***6.33*** are discussed in this section and focus on the effects on summary estimates of illicit drug use that could be attributed to changes to the hallucinogens and inhalants modules (or other differences); separate from any effects on these estimates that could be attributed to changes to questions for methamphetamine and prescription drugs. Estimates from ***Tables 6.42*** to ***6.45*** are discussed in ***Section 6.3.2*** in the context of a discussion of the changes to the questions for methamphetamine and prescription drugs and the effects of these changes on estimates.

Exhibit 6.1 Substances Included in Definitions of Illicit Drugs and Illicit Drugs Other than Marijuana

	Illicit Drugs				Illicit Drugs Other than Marijuana		
Substance	**Standard Definition**	**Alternate Definition 1**	**Alternate Definition 2**	**Alternate Definition 3**	**Standard Definition**	**Alternate Definition**	**Cocaine or Heroin**
Marijuana	✓	✓	✓	✓			
Cocaine (including Crack)	✓	✓	✓	✓	✓	✓	✓
Heroin	✓	✓	✓	✓	✓	✓	✓
Hallucinogens	✓	✓		✓	✓	✓	
Inhalants	✓	✓		✓	✓	✓	
Prescription Drug Misuse	✓				✓		
Methamphetamine	✓			✓	✓		

✓ = Use of this substance is included in the summary measure.

[26] Note that a respondent who is considered a user of illicit drugs other than marijuana may have used marijuana, but he or she would have used one of the other substances to be considered a user of illicit drugs other than marijuana. Similarly, information on the use of methamphetamine and the misuse of psychotherapeutics is ignored in creating these measures.

6.3.1.5 Any Illicit Drug

In the QFT summary estimates of lifetime, past year, or past month use of illicit drugs based on Alternate Definition 1 (i.e., including hallucinogens and inhalants but not methamphetamine or prescription drugs) and Alternate Definition 2 (i.e., excluding hallucinogens and inhalants in addition to methamphetamine and prescription drugs) did not differ between the QFT and comparison data for persons aged 12 or older, adults aged 18 to 25, or adults aged 26 or older. Estimates of lifetime and past year use among adolescents were greater in the QFT than in some comparison datasets for Alternate Definition 1, but these definitions did not remain for Alternate Definition 2 (Currivan et al., 2013).

- The patterns of similar estimates between QFT and comparison data also were observed in the QFT-DR and comparison data for lifetime, past year, and past month use of illicit drugs among persons aged 12 or older (***Tables 6.22***, ***6.26***, and ***6.30***, respectively) and adults aged 26 or older (***Tables 6.25***, ***6.29***, and ***6.33***, respectively) for Alternate Definitions 1 and 2.
- Among adolescents aged 12 to 17, unlike the pattern that was observed with just the QFT data, the summary estimates of lifetime, past year, and past month use of illicit drugs based on Alternate Definitions 1 and 2 did not differ between the combined QFT-DR data and the 2012 or 2013 comparison data (***Tables 6.23***, ***6.27***, and ***6.31***).
- Among young adults aged 18 to 25, estimates of lifetime use of illicit drugs based on Alternate Definition 1 in the QFT-DR data (60.3 percent) were greater than the estimates in the 2012 and 2013 comparison data (55.1 and 53.9 percent, respectively) (***Table 6.24***). The estimate of lifetime use based on Alternate Definition 2 also was greater for the QFT-DR data than for the 2013 comparison data (58.3 vs. 52.7 percent). However, estimates of past year and past month use of illicit drugs based on Alternate Definitions 1 and 2 were not significantly different between the QFT-DR and comparison data (***Tables 6.28*** and ***6.32***, respectively).

6.3.1.6 Illicit Drugs Other than Marijuana

As noted previously, marijuana historically has been the most commonly used illicit drug. Consequently, marijuana is likely to drive the estimates of any illicit drug use. Changes to the QFT and DR questions for hallucinogens and inhalants could have more of an effect on estimates of use of illicit drugs other than marijuana. Significant differences in rates of use of cocaine, crack, and heroin in the QFT-DR data relative to the comparison data (***Section 6.3.1.1***) also could affect estimates for use of illicit drugs other than marijuana, independent of the changes to the modules for hallucinogens and inhalants.

In the QFT, rates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition that included hallucinogens and inhalants but not methamphetamine or prescription drugs were not significantly different between the QFT and comparison data for persons aged 12 or older and adults aged 26 or older. However, some of these differences approached statistical significance. In addition, some rates of lifetime use of illicit drugs other than marijuana based on the Alternate Definition differed between the QFT and comparison data (Currivan et al., 2013).

- Unlike the pattern that was observed for the QFT, the prevalence of lifetime use of illicit drugs other than marijuana among persons aged 12 or older based on the Alternate Definition was greater in the QFT-DR data than in the 2013 comparison data (25.1 vs. 22.4 percent) but was not significantly different from the prevalence of 22.7 percent based on the 2012 comparison data (***Table 6.22***).
- Consistent with the findings in the QFT, the prevalence of lifetime use of illicit drugs other than marijuana among adults aged 26 or older did not differ significantly between the QFT-DR data and the comparison data (***Table 6.25***).
- Among adolescents aged 12 to 17, the pattern of a higher rate of lifetime use of illicit drugs other than marijuana in the QFT than in the comparison data based on the Alternate Definition (i.e., including hallucinogens and inhalants) also was observed for the QFT-DR data relative to the 2013 and 2014 comparison data (***Table 6.23***). As also was observed for the QFT, the QFT-DR estimate of lifetime use of cocaine or heroin among adolescents was *lower* than the corresponding estimates in the comparison data.
- Consistent with the findings in the QFT, the lifetime estimate for the Alternate Definition of any illicit drugs other than marijuana among adults aged 18 to 25 in the QFT-DR data was higher than that in the 2013 comparison data but was not significantly different from the estimate in the 2012 comparison data (***Table 6.24***). Lifetime estimates of use of cocaine or heroin among 18 to 25 year olds also did not differ between the QFT-DR data and comparison data.
- The lack of differences that were observed between the QFT and comparison data for past year use of illicit drugs other than marijuana based on the Alternate Definition and for cocaine or heroin also were observed between the QFT-DR and comparison data for persons aged 12 or older (***Table 6.26***), adults aged 18 to 25 (***Table 6.28***), and adults aged 26 or older (***Table 6.29***).
- Among adolescents aged 12 to 17, the QFT-DR estimates of past year use based on the Alternate Definition did not differ from those in the comparison data (***Table 6.27***). In the QFT, the QFT estimate was greater than the estimate for the 2012 comparison data, but it did not differ from the estimate for the 2011 comparison data (Currivan et al., 2013).
- Consistent with the findings in the QFT, estimates of past year use of cocaine or heroin among adolescents aged 12 to 17 in the QFT-DR data were lower than those from the 2012 and 2013 comparison data.
- Unlike the findings in the QFT, the estimate of past month use of illicit drugs other than marijuana based on the Alternate Definition and the estimate of past month use of cocaine or heroin were lower in the QFT-DR data than in the comparison data for persons aged 12 or older (***Table 6.30***) and adults aged 26 or older (***Table 6.33***).

Taken together, these findings suggest that changes to the modules for hallucinogens and inhalants could affect trend data for the use of illicit drugs and illicit drugs other than marijuana in 2015, especially for adolescents. Although the cocaine and heroin modules did not change for the QFT and DR, some significant differences for aggregate estimates of use of cocaine or heroin continued to be observed between the combined QFT-DR data and comparison data. As noted

previously, further examination of estimates for cocaine and heroin use in the 6-month data for 2015 will be useful for forecasting the final trends in 2015.

6.3.1.7 Cigarettes

Questions on cigarette use did not change for the QFT and DR relative to the main survey, both in terms of content or placement as the very first set of substance use questions. Therefore, the expectation for the QFT analysis was that the QFT estimates would be very similar to the estimates for the comparison data 2011 comparison data and 2012 quarters 3 and 4 comparison data. Consistent with expectations, the QFT estimates for cigarette use were similar to the estimates in the comparison data for lifetime, past year, and past month cigarette use estimates and across all age groups (Currivan et al., 2013).

Lack of significant difference in the prevalence of cigarette use between the QFT-DR and comparison data for 2012 and 2013 continued to be observed for most estimates in ***Tables 6.22*** to ***6.33***. However, the prevalence of lifetime use of cigarettes for young adults aged 18 to 25 in the QFT-DR data was greater than that in the 2013 comparison data (63.7 vs. 57.6 percent) (***Table 6.24***). The QFT-DR estimate for lifetime use of cigarettes among 18 to 25 year olds was not significantly different from the estimate of 60.2 percent in the 2012 comparison data.

Based on these findings, it seems likely that the trend for estimates of cigarette use will not be disrupted in 2015. The anomalous finding of a difference in lifetime prevalence among 18 to 25 year olds between the QFT-DR and 2013 comparison data (but not between the QFT-DR and 2012 comparison data) could be investigated further with the 6-month data from 2015.

6.3.1.8 Smokeless Tobacco

The smokeless tobacco questions underwent some changes for the QFT and DR. In the main survey, respondents are asked separate sets of questions about their use of snuff and about their use of chewing tobacco. In the QFT and DR, respondents were asked a single set of questions about use of any smokeless tobacco product. Smokeless tobacco for the QFT and DR also was defined somewhat differently than in the main survey and included the use of snuff, dip, chewing tobacco, or "snus."[27] The QFT analysis included investigation of whether these changes could affect estimates of smokeless tobacco use.

In the QFT, lifetime estimates of smokeless tobacco use did not differ between the QFT and comparison data for persons aged 12 or older or within any of the three age groups. However, estimates of past year and past month use were greater in the QFT than in the comparison data for persons aged 12 or older and adults aged 26 or older. For adolescents aged 12 to 17 and young adults aged 18 to 25, the estimates of past year and past month smokeless tobacco use did not differ between the QFT and comparison data (Currivan et al., 2013).

- Unlike the QFT findings, estimates of lifetime smokeless tobacco use were lower in the QFT-DR data than in the 2012 comparison data for persons aged 12 or older (***Table 6.22***) and adults aged 26 or older (***Table 6.25***). The estimate of lifetime use

[27] "Snus" is a type of Swedish snuff. The question in the QFT is as follows: "The next questions are about your use of 'smokeless' tobacco such as snuff, dip, chewing tobacco, or 'snus.'"

among adults aged 26 or older also was lower in the QFT-DR data than in the 2013 comparison data.

- As in the QFT, estimates of past year and past month smokeless tobacco use in the QFT-DR were not significantly different from those in the 2012 or 2013 comparison data (***Tables 6.26*** to ***6.29*** for past year; ***Tables 6.30*** to ***6.33*** for past month).

As was observed in the QFT, the higher estimates for lifetime use among adults aged 26 or older in the comparison data versus the combined QFT-DR data appear to be driving the higher lifetime estimates for persons aged 12 or older in the comparison data. The lack of significant differences for past year and past month estimates suggests that the higher rate of lifetime use among adults aged 26 or older could be a function of the two opportunities in the main survey to report lifetime use of smokeless tobacco (i.e., either snuff or chewing tobacco). In contrast, it may be less of a challenge for some respondents to determine that they used some type of "smokeless tobacco" in the past year or past month than to determine whether the product specifically was "snuff" or "chewing tobacco." This explanation is consistent with main survey data for the brand of snuff or chewing tobacco that respondents reported using most often in the past 30 days. Specifically, respondents could specify a brand of snuff as some "other" brand of "chewing tobacco" they used most often, or vice versa (Kroutil et al., 2012a). Although respondent difficulties in distinguishing between snuff and chewing tobacco in the main survey can be identified only for the past 30 days, they also are likely to be occurring for reports of these types of smokeless tobacco use that occurred less recently than the past 30 days but within 12 months of the interview.

These findings also suggest that trends could be disrupted for lifetime use of smokeless tobacco for all persons aged 12 or older and among adults aged 26 or older in 2015. Estimates of lifetime, past year, and past month use of smokeless tobacco among persons aged 12 older and by age group can be monitored in the 6-month data for 2015 to anticipate whether these changes to the smokeless tobacco questions might affect trends in the final data for 2015.

6.3.1.9 Any Alcohol Use

Because the primary questions for lifetime, past year, and past month alcohol use were not changed for the QFT instrument, QFT estimates for these items were expected to be similar to those in the corresponding comparison data. Consistent with expectations, most QFT estimates for alcohol use were similar to the 2011 comparison estimates and 2012 quarters 3 and 4 comparison estimates (Currivan et al., 2013).

Tables 6.22 through ***6.25*** provide estimates for lifetime alcohol use for all persons aged 12 or older, adolescents aged 12 to 17, young adults aged 18 to 25, and adults aged 26 or older, respectively. Likewise, ***Tables 6.26*** through ***6.29*** provide estimates for past year alcohol use, and ***Tables 6.30*** through ***6.33*** provide estimates for any past month alcohol use. In addition, ***Tables 6.36*** to ***6.38*** provide estimates of lifetime, past year, and past month alcohol use by gender.

- Similar to the QFT, estimates of lifetime and past year use of alcohol were similar between the QFT-DR and comparison data for persons aged 12 or older and all age

groups. Estimates of past month use also were similar between the QFT-DR data and comparison data for adolescents aged 12 to 17 and adults aged 18 to 25.

- Unlike the QFT findings, the estimate of past month use of alcohol among persons aged 12 or older was lower in the QFT-DR data (50.7 percent) than in the 2012 or 2013 comparison data (54.1 and 53.9 percent, respectively) (***Table 6.30***). Similarly, the estimate of past month use of alcohol among adults aged 26 or older was lower in the QFT-DR data (53.5 percent) than in the 2012 or 2013 comparison data (57.5 and 57.6 percent, respectively) (***Table 6.33***).
- Among adults aged 26 or older, some estimates of past year and past month alcohol use among males or females also were lower in the QFT-DR than in the comparison data (***Tables 6.37*** and ***6.38***, respectively). For males aged 26 or older, the estimates of past year and past month alcohol use were lower in the QFT-DR than in the 2013 comparison data but were not significantly different from the rates in the 2012 comparison data. For females in this age group, the rate of past month alcohol use was lower in the QFT-DR than in the 2012 comparison data (48.7 vs. 52.9 percent) but was not significantly different from the rate of 51.6 percent for the 2013 comparison data.

Thus, additional analysis of combined QFT and DR data continued to show a lack of significant differences in most rates of any alcohol use between the QFT-DR and comparison data, which suggests that trends in any alcohol use generally will be maintained in 2015. Furthermore, the lack of significant differences in estimates of past month alcohol use among adolescents aged 12 to 17 between QFT-DR and comparison data suggests that the significant difference that was observed between the QFT and 2011 comparison data (Currivan et al., 2013) may have been an anomaly. However, examination of estimates of past month alcohol use among adults aged 26 or older in the 6-month data for 2015 could be important for forecasting trends in this age group and this age group's contribution to trends for the population aged 12 or older in 2015.

6.3.1.10 Past Month Binge Alcohol Use

One notable change in the QFT and DR instrument involved the definition of binge alcohol use. In the main survey, binge alcohol use is defined as drinking five or more drinks on one occasion for both male and female respondents. In the QFT and DR, the definition of binge alcohol use was changed to drinking four or more drinks on one occasion for female respondents. This change was investigated for the QFT because it had the potential to increase reports of binge alcohol use by lowering the threshold for the minimum number of drinks for females.

In the QFT, there were no significant differences in estimates of binge alcohol use in the past month regardless of gender for persons aged 12 or older or in any of the three age groups. However, differences approached statistical significance for adults aged 26 or older (Currivan et al., 2013).

Table 6.39 contains two sets of estimates of binge alcohol use by age group and gender. The first set of estimates is based only on core data. As noted previously, binge alcohol use in the comparison data was defined for males and females as drinking five or more drinks on the same

occasion on at least 1 day in the past 30 days based on their reports in the core alcohol module. For the QFT and DR, binge alcohol use was defined for males in the same manner as in the comparison data. For females, binge alcohol use in the QFT and DR was defined as drinking four or more drinks on the same occasion based on their reports in the core alcohol module.

Table 6.39 also contains core-plus-noncore (CPN) estimates for the 2012 and 2013 comparison data. In addition to reports of consumption of five or more drinks on a single occasion on at least 1 day in the past 30 days, these CPN measures took into account females' reports of usual consumption of four or more drinks on the days that they drank alcohol in the past 30 days (from the core alcohol module) or their consumption of four or more drinks on the same occasion on at least 1 day in the past 30 days (from the noncore consumption of alcohol module). These CPN measures were created to further gauge the potential effects on estimates of binge alcohol use because of the change to the threshold for females. For males in the comparison data, the CPN measure was the same as the measure based only on core data. Estimates for the QFT-DR data based on core alcohol use data (i.e., including the "four or more" criterion for females) are repeated for comparison with the CPN estimates.

- Consistent with the findings from the QFT, most rates of binge alcohol use in the past month based on core data were similar between the QFT-DR and comparison data. In particular, rates among persons aged 12 or older were similar for all persons and for males and females.
- Among 12 to 17 year olds, the QFT-DR estimate for males was *lower* than the core-only estimate in the 2012 comparison data (4.4 vs. 6.8 percent) but was not significantly different from the estimate in the 2013 comparison data (6.3 percent). The QFT-DR estimates for all adolescents aged 12 to 17 and males in this age group also were lower than the CPN estimates in the 2012 comparison data. For adolescent females, however, neither the core-only nor the CPN estimates in the comparison data were significantly different from the QFT-DR estimates.
- For females aged 26 or older, the QFT-DR estimate was *greater* than the core-only estimate in the 2012 comparison data (17.0 vs. 13.8 percent) but was not significantly different from the estimate in the 2013 comparison data (14.7 percent). The CPN estimates for the 2012 and 2013 comparison data that included the lower threshold of four or more drinks were not significantly different from the QFT-DR estimate.

Consistent with the findings from the QFT, these findings suggest that lowering the threshold for binge alcohol use among females to consumption of four or more drinks on an occasion may not affect the trends in binge alcohol use among all persons aged 12 or older or among all persons within most age groups (i.e., regardless of gender). Females aged 26 or older may provide an exception to this general conclusion. The higher estimate of binge alcohol use in the QFT-DR data relative to the core-only estimate for the 2012 comparison data suggests that the lower threshold for binge alcohol use among females may be more important for estimating binge alcohol use among females in this age group than it is for females in other age groups. These findings also suggest that the planned change in the definition of binge alcohol use among females in 2015 may affect trends for females aged 26 or older.

6.3.2 Methamphetamine and Prescription Drug Items

As noted in ***Chapters 2*** and ***3***, the following changes to the questions for methamphetamine and prescription drugs were made for the QFT and the DR:

- A new methamphetamine module was added instead of questions about methamphetamine use being included as part of the stimulants module.
- The definition, approach, and terminology for measuring misuse of prescription drugs were revised.
- Modules were added that asked respondents about any use of pain relievers, tranquilizers, stimulants, and sedatives, as opposed to just misuse.
- The focus of the prescription drug modules was on a 12-month reference period rather than the lifetime reference period used in the current questionnaire.
- Electronic images of prescription drugs replaced the current hard-copy pill card versions, and the images included more than just pills.
- Questions about discontinued prescription drugs were deleted, and questions were added for other prescription drugs not previously included in the questionnaire.
- Questions about prescription drugs that were included in supplemental sections of the current questionnaire were moved to the appropriate prescription drug module.

These changes are planned for implementation in the redesigned NSDUH questionnaire in 2015 and are likely to affect estimates of methamphetamine use and misuse of prescription drugs starting in 2015.

This section presents findings on methamphetamine use and prescription drug misuse from the comparison data for 2012 and quarters 3 and 4 of 2013 and from the combined QFT and DR data for non-Hispanic English-language respondents. ***Tables 6.42*** to ***6.44*** present estimates for these measures for the lifetime, past year, and past month periods.

6.3.2.1 Estimates for Methamphetamine Items

A consequence of the placement of questions about methamphetamine use within the current NSDUH module for misuse of prescription stimulants is that misuse of any stimulant always will be as recent as or more recent than the last use of methamphetamine in the edited and imputed data. Furthermore, a consistency check is triggered in the core stimulants module in the main survey if respondents report more recent use of methamphetamine than they reported for most recent use of any prescription stimulant. Some respondents in these consistency checks may change their answer for methamphetamine to indicate less recent use than they had originally reported. Because the methamphetamine questions in the QFT and DR were in a module separate from the questions about misuse of prescription stimulants, respondents could report lifetime use or more recent use of methamphetamine without needing to report lifetime misuse of stimulants or misuse of stimulants as recently or more recently than when they last used methamphetamine.

Also, respondents who receive the current NSDUH questionnaire may fail to report methamphetamine use when questions about this drug are asked in the context of questions about

misuse of prescription stimulants. Therefore, the methamphetamine use measures for the comparison data (i.e., 2012 and quarters 3 and 4 of 2013) were based on reports of methamphetamine use in the core stimulants module plus reports of use from the supplemental (or noncore) special drugs module (i.e., core plus noncore, or CPN). However, additional respondents who reported lifetime use of methamphetamine in the special drugs module were included in the CPN measures only if their reason for not previously reporting methamphetamine use was that they did not think of methamphetamine as a prescription drug; respondents who reported use in the special drugs module were not counted as users if they reported that they did not previously report methamphetamine use because they "made a mistake" when answering the methamphetamine questions in the stimulants module or for reasons other than not thinking of this as a prescription drug (Kroutil, Handley, Bradshaw, Chien, & Felts, 2012b). Consequently, these CPN measures of methamphetamine use in the comparison data still might underestimate the prevalence of use.

For the QFT and DR, the methamphetamine use measures were based only on data from the new methamphetamine module in the core section of the QFT questionnaire. Although QFT and DR respondents did not have the same multiple opportunities to report methamphetamine use as in the comparison data, there also was no question (and no need) to check for the reason that some respondents did not previously report methamphetamine use.

Findings from the QFT analysis indicated that the estimate of lifetime methamphetamine use among persons aged 12 or older was greater in the QFT than in the 2012 comparison data. The estimate in the 2011 comparison data was not significantly different from the QFT estimate but approached statistical significance. Estimates of lifetime use within the age groups were not significantly different between the QFT and comparison data, although some differences approached statistical significance. Estimates of methamphetamine use in the past year among persons aged 12 or older and in each of the three age groups also did not differ significantly between the QFT and comparison data, although estimates within some age groups approached significance (Currivan et al., 2013).

- Consistent with the findings for the QFT, the estimate of lifetime use of methamphetamine among persons aged 12 or older in the QFT-DR data (7.4 percent) was greater than the respective estimates of 4.9 and 4.8 percent in the 2012 and 2013 comparison data (***Table 6.42***).
- Estimates of past year use of methamphetamine among persons aged 12 or older were not significantly different between the QFT-DR data and the comparison data (***Table 6.43***). This finding was consistent with the QFT findings. The estimates of past year use were 0.7 percent in the QFT-DR data, 0.4 percent in the 2012 comparison data, and 0.5 percent in the 2013 comparison data.
- Estimates of methamphetamine use in the past month among persons aged 12 or older were not significantly different between the QFT-DR data and the comparison data (***Table 6.44***). Again, this finding was consistent with the QFT findings. The estimates of past month use were 0.4 percent in the QFT-DR data, 0.1 percent in the 2012 comparison data, and 0.2 percent in the 2013 comparison data.

6.3.2.2 Measurement Issues for Prescription Drug Misuse

The shift in focus of questions about the misuse of specific prescription drugs from the lifetime reference period in the current questionnaire to a 12-month reference period and the deletion of questions about discontinued prescription drugs in the QFT and DR could decrease the estimates of lifetime misuse in these surveys relative to the comparison data. Comparison data respondents had multiple opportunities to report lifetime misuse of prescription drugs, including misuse of drugs that currently are no longer available by prescription in the United States. In contrast, QFT and DR respondents who did not report past year use or misuse of any prescription drugs in a given category were asked only a single question about misuse of *any* prescription drugs in that category in their lifetime. For pain relievers, for example, this question was worded as follows: "Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it?" However, respondents in the QFT and DR were not given any additional cues or aids to remind them of the types of drugs that qualify as "prescription pain relievers." Therefore, respondents in the QFT and DR would need to depend largely on their ability to remember the examples of specific pain relievers that they saw in the screener section. In light of regular changes in the prescription drug market in the United States, QFT and DR respondents also would need to consider not only lifetime misuse of prescription drugs that currently are available, but also any past misuse of prescription drugs that previously were but no longer are available. Because of the structure and content of the questions in the QFT and DR, therefore, respondents who last misused prescription drugs more than 12 months ago might underreport their misuse.

Conversely, the expansion of the number of questions in the QFT and DR about past year misuse of specific prescription drugs could be expected to increase the estimates of past year misuse relative to estimates in the main survey. For example, respondents in the QFT and DR would be classified as having misused prescription pain relievers in the past 12 months if they reported misuse in that period of any of 40 possible pain relievers, including "any other" pain reliever. In the main survey, respondents are defined as having misused pain relievers in the past year principally through their response to the question, "How long has it been since you last used any prescription pain reliever that was not prescribed for you or that you took only for the experience or feeling it caused?" Only those respondents in the main survey who reported lifetime misuse of the pain reliever OxyContin® have an additional opportunity to report past year misuse through a corresponding question about the last time they used OxyContin® that was not prescribed for them or that they took only for the experience or feeling the drug caused.

As noted previously, the definition of misuse also was changed for the QFT. The definition of misuse in the main survey combines a *behavior* (use of a prescription drug that was not prescribed for the respondent) and a *motivation* for misuse (use of a prescription drug only for the experience or feeling that it caused). In the QFT and DR, the definition of misuse "in any way a doctor did not direct you to use it" focuses on behaviors. The following examples were given to QFT and DR respondents for behaviors that constitute misuse:

- (use) without a prescription of your own;
- (use) in greater amounts, more often, or longer than you were told to take it; or
- (use) in any other way a doctor did not direct you to use it.

Especially for misuse of prescription pain relievers, alerting respondents in the QFT and DR that overuse of prescribed medication (e.g., use in greater amounts or more often than prescribed) constitutes misuse also could increase reporting of misuse.

6.3.2.3 Misuse of Any Prescription Psychotherapeutic Drug

Consistent with the hypotheses noted previously, findings from the QFT analysis generally indicated that estimates of lifetime misuse of any prescription psychotherapeutic drug (i.e., pain relievers, tranquilizers, stimulants, or sedatives) were lower in the QFT data than in the comparison data. In contrast, estimates of past year misuse were greater in the QFT data than in the comparison data. Estimates of misuse in the past month in the QFT data also were in the direction of being greater than those in the comparison data; some of these differences approached but did not attain statistical significance because of the smaller QFT sample size (Currivan et al., 2013).

- In accordance with the QFT findings, the estimate of lifetime misuse of any prescription psychotherapeutic drug among persons aged 12 or older was *lower* in the QFT-DR data (14.8 percent) than in the comparison data for 2012 (21.3 percent) or 2013 (20.6 percent) (***Table 6.42***).
- The estimate of past year misuse of prescription psychotherapeutic drugs among persons aged 12 or older (8.0 percent) was *greater* than the corresponding estimates in the comparison data for 2012 and 2013 (6.3 and 5.7 percent, respectively) (***Table 6.43***). This finding also was consistent with the QFT findings.
- Estimates of misuse of any psychotherapeutic drugs in the past month among persons aged 12 or older were not significantly different between the QFT-DR data and the comparison data (***Table 6.44***). Again, this finding was consistent with the QFT findings. The estimates of past month misuse were 2.6 percent in the QFT-DR and 2012 comparison data and 2.3 percent in the 2013 comparison data.

6.3.2.4 Pain Relievers

In the QFT analysis, estimates for misuse of prescription pain relievers followed the same general pattern as misuse of any prescription drug, with some lower estimates of lifetime misuse in the QFT than in some comparison datasets and generally higher estimates of past year misuse in the QFT than in the comparison data (Currivan et al., 2013). Highlights are presented in the remainder of this section for analyses using combined QFT-DR data and comparisons with data from 2012 and quarters 3 and 4 of 2013.

- As for any prescription psychotherapeutic drug, the estimate of lifetime misuse of pain relievers for persons aged 12 or older in the QFT-DR data (12.0 percent) was lower than the estimates of 14.4 percent in the 2012 comparison data and 13.8 percent in the 2013 comparison data (***Table 6.42***).
- The estimate of past year misuse of pain relievers among persons aged 12 or older was greater for the QFT-DR data than for the 2013 comparison data (5.7 vs. 4.1 percent) (***Table 6.43***). The past year estimate for the QFT-DR data was not significantly different from the estimate for the 2012 comparison data (4.7 percent).

- Estimates of past year misuse of OxyContin® were available for the QFT-DR data and the comparison data (***Table 6.43***). These estimates were similar in these datasets (0.9 percent in the QFT-DR data and 0.6 percent in both the 2012 and 2013 comparison data).
- Estimates of misuse of pain relievers in the past month among persons aged 12 or older were 1.7 percent in the QFT-DR and 2013 comparison data and 1.9 percent in the 2012 comparison data (***Table 6.44***).

6.3.2.5 Tranquilizers

- Consistent with the QFT findings and findings for any psychotherapeutic drug and pain relievers, the estimate of lifetime misuse of tranquilizers among persons aged 12 or older was lower in the QFT-DR data (5.6 percent) than in the comparison data for 2012 (9.4 percent) or 2013 (9.3 percent) (***Table 6.42***).
- The estimate of past year misuse of tranquilizers among persons aged 12 or older (2.7 percent) was similar to the corresponding estimates in the comparison data for 2012 and 2013 (2.3 and 2.0 percent, respectively) (***Table 6.43***). This finding was consistent with the QFT findings, but it differed from the findings for any psychotherapeutic drug and pain relievers.
- Estimates of the misuse of tranquilizers in the past month among persons aged 12 or older were similar in the QFT-DR data and the comparison data (***Table 6.44***). Again, this finding was consistent with the QFT findings. The estimates of past month misuse were 0.8 percent in the QFT-DR and 2012 comparison data and 0.6 percent in the 2013 comparison data.

6.3.2.6 Sedatives

Unlike the general pattern that was observed in the QFT analysis for other prescription drugs, the estimates of lifetime misuse of sedatives generally were similar between the QFT and the two comparison datasets. Consistent with the findings for other prescription drugs, however, the estimates of past year sedative misuse in the QFT generally were greater than corresponding estimates in the comparison data (Currivan et al., 2013).

- As was observed for the QFT, the estimate of lifetime misuse of sedatives among persons aged 12 or older in the QFT-DR data (3.4 percent) was similar to the estimates in the 2012 and 2013 comparison data (3.3 and 3.0 percent, respectively) (***Table 6.42***).
- The estimate of past year sedative misuse in the QFT-DR data for persons aged 12 or older (0.8 percent) was greater than corresponding estimates in the 2012 and 2013 comparison data (0.2 and 0.1 percent, respectively) (***Table 6.43***). This finding was consistent with findings from the QFT and also was consistent with findings from the QFT-DR data for pain relievers and tranquilizers.

- Estimates of past month sedative misuse among persons aged 12 or older were similar in the QFT-DR and comparison data (***Table 6.44***). Estimates ranged from less than 0.05 percent in the 2013 comparison data to 0.2 percent in the QFT-DR data.

However, the estimates for sedative misuse in the comparison data that were described previously were based only on reports of misuse from the core module. These estimates did not include data on the misuse of the sedative Ambien® that were in the supplemental (i.e., noncore) special drugs module. In an analysis of data from the 2006 NSDUH, when questions about Ambien® were added to the special drugs module, inclusion of these data on Ambien® misuse had a major impact on estimates of sedative misuse compared with estimates based on core sedative data alone (Kroutil et al., 2007). Ambien® is one of the specific prescription drugs included in the core sedatives module for the QFT and DR. Therefore, CPN measures of sedative misuse that included data on Ambien® misuse also were created for the 2012 and 2013 comparison data. These data are included in ***Tables 6.48*** to ***6.50***.

Similar analyses had been conducted previously for the QFT to compare estimates of sedative misuse from the QFT data with CPN estimates from the corresponding comparison datasets. Inclusion of data for Ambien® raised the CPN estimates of lifetime misuse of sedatives in the comparison data to the point that most estimates were greater than the QFT estimates. Ambien® data in the CPN estimates of past year misuse also appeared to erase or reverse the direction of the differences in prevalence between the QFT and comparison data that were observed for comparison data estimates based only on core sedatives module data. However, inclusion of Ambien® data in the CPN estimates had little apparent effect on estimates of past month sedative misuse or differences between the QFT and comparison data for past month misuse (Currivan et al., 2013).

- Consistent with the QFT analysis, CPN estimates of lifetime misuse of sedatives for the 2012 and 2013 comparison data were greater than the QFT-DR estimates for persons aged 12 or older and for all age groups (***Table 6.48***).
- For past year misuse of sedatives, the CPN estimates that included Ambien® for the 2012 and 2013 comparison data were similar to the QFT-DR estimates for persons aged 12 or older and for all age groups (***Table 6.49***). Again, this finding was consistent with the findings from the QFT analysis.
- For past month misuse of sedatives, estimates for the QFT-DR and comparison data were similar for both core-only and CPN estimates in the comparison data (***Table 6.50***). Among adults aged 18 to 25, however, the QFT-DR estimate was lower than the CPN estimate for the 2012 comparison data (0.1 vs. 0.4 percent).

These findings further underscore the conclusion that was reached from the QFT analysis about the likely importance of including questions about Ambien® for estimating sedative misuse.

6.3.2.7 Stimulants

Because the estimates of methamphetamine use in the 2012 and 2013 comparison data were based on CPN measures of methamphetamine use (see ***Section 6.3.2.1***), the corresponding estimates of any stimulant misuse in the comparison data included these CPN methamphetamine

use data. These CPN measures are referred to as the "Standard Definition" of stimulant misuse in ***Tables 6.42*** to ***6.44***. To produce estimates of stimulant misuse for the combined QFT and DR data that were as analogous as possible to these estimates in the comparison data, the "standard definition" estimates of stimulant misuse were based on data from the core methamphetamine and prescription stimulants modules. A "QFT definition" of stimulant misuse also was created for the QFT-DR based on data in the core stimulants module but not including data on methamphetamine use. Because it is not possible to disentangle methamphetamine use from misuse of other stimulants in the comparison data, however, this QFT definition measure was not created for the comparison data.

In the QFT analysis, estimates of lifetime stimulant misuse based on the standard definition including methamphetamine were similar between the QFT and comparison data. Some estimates of past year and past month use based on the standard definition were greater in the QFT than in the comparison data (Currivan et al., 2013).

- Consistent with the QFT findings, estimates of lifetime misuse of stimulants among persons aged 12 or older based on the standard definition that included methamphetamine were similar between the QFT-DR data and the comparison data (***Table 6.42***). Estimates of lifetime misuse of stimulants for persons aged 12 or older based on the standard definition were 10.2 percent for the QFT-DR and 8.7 percent in both the 2012 and 2013 comparison data.
- The estimate of past year misuse of stimulants for persons aged 12 or older based on the standard definition was greater in the QFT-DR data (2.5 percent) than in the 2012 or 2013 comparison data (1.3 and 1.5 percent, respectively) (***Table 6.43***).
- Estimates of past month misuse of stimulants among persons aged 12 or older based on the standard definition were 0.7 percent for the QFT-DR data, 0.5 percent for the 2012 comparison data, and 0.5 percent for the 2013 comparison data (***Table 6.44***). The estimate for the QFT-DR data was not significantly different from the estimates in the comparison data.

For the QFT-DR data, statistical tests were not conducted between estimates of stimulant misuse based on the standard definition that included methamphetamine and the QFT definition that did not include methamphetamine. Nevertheless, these data provide some indication of the potential effect if methamphetamine use is no longer included in estimates of stimulant misuse in 2015 and beyond.

- Estimates of lifetime stimulant misuse in the QFT-DR data for persons aged 12 or older were 10.2 percent for the standard definition that included methamphetamine and 4.3 percent for the definition that did not include methamphetamine (***Table 6.42***).
- Among persons aged 12 or older, the standard definition estimate of past year stimulant misuse for the QFT-DR data was 2.5 percent, and the estimate without methamphetamine was 1.9 percent (***Table 6.43***).
- The standard definition estimate in the QFT-DR data for past month stimulant misuse among persons aged 12 or older was 0.7 percent, and estimate based on the definition that did not include methamphetamine was 0.4 percent (***Table 6.44***).

As was the case for sedatives, the standard definition estimates for stimulant misuse in the comparison data that were described previously did not include data on the misuse of the stimulant Adderall® from the special drugs module. The impact of the Adderall® data on estimates of nonmedical stimulant use in the 2006 NSDUH was particularly notable for adolescents aged 12 to 17 and young adults aged 18 to 25 (Kroutil et al., 2007). Adderall® is one of the specific prescription drugs that was included in the core stimulants module for the QFT and DR. Therefore, measures of stimulant misuse based on the standard definition plus noncore data on Adderall® misuse were created for the 2012 and 2013 comparison data. These data are included in ***Tables 6.45*** to ***6.47***.

Similar analyses had been conducted previously for the QFT to compare estimates of stimulant misuse from the QFT data with CPN estimates from the corresponding comparison datasets. Inclusion of data for Adderall® had relatively little effect on whether differences in lifetime stimulant misuse between the QFT and comparison data were statistically significant. For persons aged 12 or older and young adults aged 18 to 25, however, inclusion of data for Adderall® appeared to erase the differences in the prevalence of past year misuse that were observed between the QFT and comparison data for the standard definition estimates. Among persons aged 12 or older, the comparison data estimates for 2011 and 2012 that included noncore Adderall® data also were similar to the standard definition estimate in the QFT (Currivan et al., 2013).

- Consistent with the QFT analysis, CPN estimates of lifetime misuse of stimulants were not significantly different for the 2012 and 2013 comparison data were not significantly different from the QFT-DR estimate based on the standard definition for persons aged 12 or older, young adults aged 18 to 25, and adults aged 26 or older (***Table 6.45***). Among adolescents aged 12 to 17, the CPN estimates of lifetime stimulant misuse for the comparison data that included Adderall® were greater than the standard definition estimate from the QFT-DR data.
- For past year misuse of stimulants, the CPN estimates that included Adderall® for the 2012 and 2013 comparison data were similar to the QFT-DR estimates for persons aged 12 or older, adolescents aged 12 to 17, and adults aged 26 or older (***Table 6.46***). Among young adults aged 18 to 25, however, the CPN estimates continued to be lower than the QFT-DR estimate based on the standard definition.
- For past month misuse of stimulants, estimates for the QFT-DR and comparison data were similar for both core-only and CPN estimates in the comparison data (***Table 6.47***).

In the QFT analysis, including noncore Adderall® data in the CPN estimates of past year misuse erased the difference between estimates of past year misuse of stimulants in the QFT and comparison data for young adults aged 18 to 25. In the combined QFT and DR data, however, the estimate for young adults based on the standard definition (i.e., including methamphetamine) continued to be greater than the CPN estimates in the comparison data. For persons aged 12 or older and for those in other age groups, the CPN estimates for the comparison data that included Adderall® were similar to the standard definition estimates for the QFT-DR data. Although including noncore Adderall® data did not affect differences in estimates between the QFT-DR and comparison data in this analysis, the findings for all persons aged 12 or older and those for

other age groups continue to underscore the likely importance of including questions about Adderall® for estimating misuse of prescription stimulants.

6.3.2.8 Effects of Methamphetamine and Prescription Drugs on Illicit Drug Use Estimates

As noted in ***Section 6.3.1.4***, the measures of use of any illicit drug and illicit drugs other than marijuana in current published NSDUH estimates include use of methamphetamine and misuse of prescription drugs. The changes to the methamphetamine and prescription drug questions that were previously summarized in ***Section 6.3.2*** for the QFT-DR data (and, by extension, for the redesigned questionnaire in 2015) also could affect estimates for these other summary measures of illicit drug use.

In addition to the alternate definitions that were described previously in ***Section 6.3.1.4***, a third alternate definition for any illicit drug use was developed that included methamphetamine but did not include prescription drugs (subsequently referred to as Alternate Definition 3). In addition, measures of use of illicit drugs and illicit drugs other than marijuana were created based on the standard NSDUH definitions that included both methamphetamine and prescription drugs. Estimates based on Alternate Definition 3 for illicit drug use and the standard definitions are presented in this section and in ***Tables 6.42*** to ***6.45***.

In the QFT analysis, estimates of lifetime use were not significantly different between the QFT and the comparison data for persons aged 12 or older, adults aged 18 to 25, and adults aged 26 or older for the illicit drug Alternate Definition 3 or for the standard definitions of use of illicit drugs or illicit drugs other than marijuana. As for the lifetime period, estimates of past year use of illicit drugs based on the standard definition or Alternate Definition 3 were not significantly different between the QFT and comparison data for persons aged 12 or older. For adolescents aged 12 to 17, however, the standard definition estimate and the estimate for Alternate Definition 3 differed between the QFT and 2012 comparison data. The estimates of use of illicit drugs other than marijuana in the past year based on the standard definition were greater in the QFT than in the 2011 or 2012 comparison data for persons aged 12 or older and young adults aged 18 to 25. Most estimates of past month use of illicit drugs or illicit drugs other than marijuana did not differ significantly between the QFT and comparison data, regardless of the definitions (Currivan et al., 2013).

- Consistent with the QFT findings, estimates of lifetime use of illicit drugs and illicit drugs other than marijuana that included methamphetamine and prescription drugs were similar between the QFT-DR and comparison data for persons aged 12 or older (***Table 6.42***).
- Estimates of past year use of illicit drugs among persons aged 12 or older were similar between the QFT-DR and comparison data (***Table 6.43***). Consistent with the QFT findings, however, the standard definition estimate of use of illicit drugs other than marijuana for persons aged 12 or older was greater in the QFT-DR data (9.8 percent) than in the 2012 or 2013 comparison data (8.1 and 7.4 percent, respectively).

- As was observed for the QFT, estimates of past month use of illicit drugs and illicit drugs other than marijuana that included methamphetamine and prescription drugs were similar between the QFT-DR and comparison data for persons aged 12 or older (***Table 6.44***).

6.3.2.9 Methamphetamine, Prescription Drug, and Illicit Drug Estimation Issues to Consider for the 2015 Redesign

For ***methamphetamine***, the past year and past month estimates among persons aged 12 or older did not differ significantly between the QFT-DR and comparison data, but the estimate of lifetime use for persons aged 12 or older was greater in the QFT-DR data than in the comparison data. If the prevalence of lifetime methamphetamine use in 2015 is higher than in recent years for persons aged 12 or older or within different age groups because of changes to the questionnaire in 2015, SAMHSA will need to decide how to handle the reporting of trends in lifetime use, as noted previously in Section 6.3.1. One option would be not to report trend data for lifetime methamphetamine use between 2015 and earlier years or to discontinue the reporting of lifetime trend data for methamphetamine altogether from 2015 onward. Alternatively, SAMHSA could start a new baseline for lifetime methamphetamine use beginning in 2015. Other, more sophisticated options could involve statistical procedures to adjust the trend data for 2002 to 2014. Although data on trends in lifetime prevalence may be of interest for examining historical changes in the popularity of different drugs, data on trends in the prevalence of methamphetamine use in the past year and past month are likely to be of more importance to policymakers, the public health sector, the criminal justice sector, and others because of the demands that methamphetamine users may place on the criminal justice system, the health care delivery system (including substance abuse treatment), and systems for providing social services (including services to dependents of adult substance users).

For ***prescription drugs***, the general findings of lower estimates of *lifetime* misuse of prescription drugs but higher *past year* estimates in both the QFT and combined QFT-DR data relative to corresponding comparison datasets are expected, given the changes to the prescription drug questions for the QFT. The structure of the current questionnaire provides respondents with multiple opportunities to report lifetime misuse of specific prescription drugs but less opportunity to report past year misuse. This situation was reversed for the questionnaire that was used in the QFT and DR, with respondents having more opportunity to report past year misuse of specific prescription drugs and limited opportunity to report misuse of any prescription drugs that occurred more than 12 months prior to the interview—including misuse of prescription drugs that are no longer available by prescription in the United States.

These findings from both the QFT and combined QFT-DR data for prescription drugs also support the conclusion to start a new baseline in 2015 for trends in prescription drug misuse. In addition, it may be useful for SAMHSA to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

For summary measures of use of ***illicit drugs***, many estimates of the use of illicit drugs or the use of illicit drugs other than marijuana were not significantly different between the QFT-DR

and comparison data when data for methamphetamine or prescription drugs (or both) were included in the estimates. However, the estimate for past year use of illicit drugs other than marijuana that included methamphetamine and prescription drugs *was* affected for persons aged 12 or older. Given that NSDUH data consistently show the prevalence of misuse of prescription drugs to be second only to marijuana among illicit drugs, the higher estimate of use of illicit drugs other than marijuana based on the standard definition in the QFT-DR data than in the comparison data can be explained by the higher estimate of misuse of prescription drugs in the QFT-DR data. However, changes to the methamphetamine and prescription drug use questions were not the only changes made to the questionnaire for the QFT and DR. As discussed previously, changes also were made to the hallucinogens and inhalants modules in the QFT and DR questionnaires that could affect estimates of the use of illicit drugs and illicit drugs other than marijuana. Analysis of 6-month data for 2015 is likely to be useful for assisting SAMHSA in deciding how to create these summary illicit drug use measures in 2015 and how to report trends for these measures.

6.3.3 Selected Noncore Items

This section presents and discusses estimates for selected noncore items, including findings from the DR for results flagged from the QFT report as warranting further investigation or QFT results that were noted as a potential preview of findings in 2015. Results from some tables might be relevant to both topics. This section also highlights any new noteworthy findings for selected noncore items from the DR that were not identified in the QFT and briefly notes any similar findings between the QFT and DR data.

6.3.3.1 Dependence and Abuse

Table 6.51 presents estimates for substance dependence or abuse in the past year among all persons aged 12 or older. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Across all three datasets, the estimates for both dependence and abuse for the selected substances were generally quite similar, with the following potential exceptions:

- The estimate for hallucinogens dependence appeared to be significantly higher in the 2012 comparison data (rounded to 0.0 percent) than in the combined QFT and DR data (also rounded to 0.0 percent). The estimate for hallucinogens dependence in the 2013 comparison data (rounded to 0.0 percent) met the criteria for low precision and, therefore, would ordinarily be suppressed.
- Similarly, the estimate for hallucinogens dependence or abuse appeared to be significantly higher in the 2012 comparison data (0.1 percent) than in the combined QFT and DR data (rounded to 0.0 percent). However, the estimates for hallucinogens dependence or abuse for the combined QFT and DR data and the 2013 comparison data both met the criteria for low precision and, therefore, would ordinarily be suppressed.

Overall, few differences were observed for substance dependence or abuse for multiple substances when comparing the combined QFT and DR data with the two comparison datasets.

6.3.3.2 Needle Use

Estimates for the use of five substances with a needle in the lifetime, past year, and past month among persons aged 12 or older are provided in ***Table 6.52***. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Across all three datasets, the estimates for substance use with a needle for the five substances were generally quite similar, with the following notable differences:

- The estimate for use of heroin with a needle in the past month appeared to be significantly higher in the 2012 comparison data (0.1 percent) than in the combined QFT and DR data (rounded to 0.0 percent). The estimate for heroin use with a needle in the past month was also 0.0 percent (rounded) for the 2013 comparison data and not significantly different from the estimate for the combined QFT and DR data.
- Similarly, the estimates for use of cocaine with a needle in the past year were significantly higher for the 2012 comparison data (0.1 percent) and the 2013 comparison data (0.1 percent) than for the combined QFT and DR data (rounded to 0.0 percent). However, the estimate for cocaine use with a needle in the past year for the combined QFT and DR data met the criteria for low precision and, therefore, would ordinarily be suppressed.
- The estimate for use of cocaine with a needle in the past month appeared to be significantly higher in the 2012 comparison data (0.1 percent) than in the combined QFT and DR data (rounded to 0.0 percent). The estimate for cocaine use with a needle in the past month was also 0.0 percent (rounded) for the 2013 comparison data and not significantly different from the estimate for the combined QFT and DR data.
- For both past year and past month use of prescription stimulants with a needle, the estimates for the 2012 and the 2013 comparison data both appeared to be higher than the parallel estimates for the combined QFT and DR data. However, the estimates for both past year and past month stimulants use with a needle for the combined QFT and DR data met the criteria for low precision and, therefore, would ordinarily be suppressed.

No significant differences were observed for any of the three reference periods for use of methamphetamine with a needle or the combined use of heroin, cocaine, methamphetamine, or prescription stimulants with a needle. Overall, the findings for the use of various substances were similar to the QFT results, where the QFT estimates looked similar to the two comparison datasets for most needle use estimates but some differences were observed (Currivan et al., 2013).

6.3.3.3 Substance Use Treatment

Table 6.55 presents estimates for received substance use treatment in the lifetime and past year, as well as types of past year substance use treatment, among all persons aged 12 or older. For past year treatment, estimates are presented for alcohol use only, drug use only, and both alcohol and drug use. This table provides estimates only for data based on English-language

non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data.

Across all three datasets, the estimates for received substance use treatment in the lifetime and past year substance use treatment were generally quite similar. The only significant difference observed was for past year treatment for alcohol use only. The estimates for past year treatment for alcohol use were significantly higher for the 2012 comparison data (0.6 percent) and the 2013 comparison data (0.6 percent) than for the combined QFT and DR data (0.3 percent).

6.3.3.4 Adult Mental Health

Table 6.56 presents estimates for adult mental health treatment in the past year and the type of facility where treatment was received among persons aged 18 or older. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. In all three datasets, the estimate for staying overnight in a hospital for mental health treatment was close to 1 percent and not significantly different for any comparisons across datasets. Similarly, no significant differences were observed among the three datasets for any of the various types of mental health treatment facilities. Overall, the estimates for adult mental health treatment were quite similar in the combined QFT and DR data and the comparison data.

Estimates for selected mental health measures among persons aged 18 or older are provided in ***Table 6.58***. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Across all three datasets, the estimates for the selected mental health measures were generally quite similar, with the following potential exceptions:

- Estimates for serious psychological distress (SPD) in the past month appeared to be higher in the 2012 comparison data (5.1 percent) and the 2013 comparison data (5.0 percent) than in the combined QFT and DR data (4.0 percent). Despite the similarity between the 2012 and 2013 comparison data, only the difference between the 2012 main study data and the combined QFT and DR data was statistically significant. This finding was similar to the QFT results, where the QFT estimate for past month SPD was significantly lower than the same estimates for the two comparison datasets (Currivan et al., 2013). However, when SPD estimates for adults were rerun to compare data just for the DR with data from the 2012 and 2013 comparison datasets (i.e., including Hispanic respondents and Spanish-language interviews), the estimate of past month SPD in the DR (4.7 percent) was no longer significantly different from the estimates in the 2012 and 2013 comparison data (5.2 and 5.1 percent, respectively).
- Estimates for SPD in the past *year* also appeared to be higher in the 2012 comparison data (10.6 percent) and the 2013 comparison data (10.6 percent) than in the combined QFT and DR data (9.2 percent), but these differences were not statistically significant. When estimates for just the DR were compared with corresponding estimates from the 2012 and 2013 comparison data, the estimate of past year SPD in

the DR (9.7 percent) also was not significantly different from estimates in the 2012 and 2013 comparison data (10.8 and 10.5 percent, respectively).

- Estimates for loss of interest in things that are usually enjoyable for several days or longer (in the past year) appeared to be higher in the combined QFT and DR data (5.8 percent) than in both the 2012 comparison data (4.2 percent) and the 2013 comparison data (4.0 percent), but these differences were not statistically significant.

6.3.3.5 Adolescent Mental Health

Estimates for mental health treatment in the past year and number of nights received treatment among persons aged 12 to 17 are presented in ***Table 6.57***. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. In all three datasets, the estimate for staying overnight in hospital for mental health treatment was close to 2 percent and not significantly different for any comparisons across datasets. Estimates were also similar across the three datasets for the other three mental health items in ***Table 6.57***: (a) number of nights in a hospital for mental health treatment, (b) staying overnight in a residential treatment center for mental health treatment, and (c) number of nights in a residential treatment center for mental health treatment. For both number of nights in a hospital and number of nights in a residential treatment center, the estimates for the combined QFT and DR data met the criteria for low precision and, therefore, would ordinarily be suppressed.

Table 6.59 provides estimates for selected adolescent depression characteristics among persons aged 12 to 17. The three estimates involve feelings experienced for several days or longer, including feeling sad, empty or depressed; feeling very discouraged most of the day; and losing interest in things that are usually enjoyable. Estimates for all three of these adolescent depression characteristics were quite similar across the three datasets, and none of the small differences observed was statistically significant.

6.3.3.6 Miscellaneous Noncore Items

Perceived Risk. Estimates for perceived great risk of harm associated with using two types of substances—cigarettes and marijuana—among all persons aged 12 or older are presented in ***Table 6.53***. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. For the first item, perceived risk of smoking one or more packs of cigarettes per day, estimates were quite similar across the three datasets, and none of the small differences observed was statistically significant.

For marijuana use, estimates were examined for the perceived risk of both (1) smoking marijuana once per month and (2) smoking once or twice per week. The estimate for perceived risk of smoking marijuana once per month was significantly lower in the 2013 comparison data (26.1 percent) than in the combined QFT and DR data (29.1 percent). The estimate for the 2012 comparison data (28.8 percent), however, was quite similar to the estimate for the combined QFT and DR data. For the second marijuana risk item, perceived risk of smoking marijuana once or twice per week, estimates were quite similar across the three datasets, and none of the small differences observed was statistically significant.

Years Since Last Use. Estimates for the number of years since last use of six selected substances among lifetime users aged 12 to 49 are presented in ***Table 6.54***. The six sets of estimates for years since last use are for cigarettes, alcohol, marijuana, cocaine, hallucinogens, and inhalants. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. The following highlights summarize the results in ***Table 6.54***:

- The estimates for years since last use of cigarettes were quite similar across the three datasets, with a range from 10.2 to 10.6 years, and none of the small differences observed was statistically significant.
- The estimates for years since last use of alcohol appeared to be lower in the 2012 comparison data (2.5 years) and the 2013 comparison data (2.5 years) than in the combined QFT and DR data (3.2 years). Despite the similarity between the 2012 and 2013 comparison data, only the difference between the 2012 main study data and the combined QFT and DR data was statistically significant.
- The estimates for years since last use of marijuana were higher in the 2012 comparison data (9.9 years) and the 2013 comparison data (also 9.9 years) than in the combined QFT and DR data (8.6 years). The differences between the two comparison datasets and the combined QFT and DR dataset were both statistically significant.
- The estimates for years since last use of cocaine were nearly identical across the three datasets at about 10.5 years.
- The estimates for years since last use of hallucinogens were quite similar across the three datasets, with a range from 11.0 to 11.4 years, and none of the small differences observed was statistically significant.
- The estimates for years since last use of inhalants were quite similar across the three datasets, with a range from 13.7 to 14.8 years, and none of the small differences observed was statistically significant. The estimate for the 2013 comparison data (14.4 years) and the combined QFT and DR data were quite similar (14.8 years). The estimate for the 2012 comparison data (13.7 years) appeared to be somewhat lower, but the differences between this estimate and the other two estimates were not statistically significant.

Arrests. Estimates for being arrested and booked in the lifetime and the past year for breaking the law among all persons 12 or older are presented in ***Table 6.60***. This table provides estimates only for data based on English-language non-Hispanic interviews from the 2012 comparison data, 2013 quarters 3 and 4 comparison data, and the combined QFT and DR data. Estimates for lifetime arrest and booking for breaking the law were similar across the three datasets, ranging from 16.5 to 17.4 percent. None of the small differences observed was statistically significant. Similarly, for past year arrest and booking, estimates were similar across the three datasets, ranging from 2.6 to 3.1 percent, and none of these small differences was statistically significant.

Table 6.22 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	46.0	47.0	46.3	-0.3 (1.49)	0.7 (1.50)
Alternate Definition 2[6]	44.7	45.9	44.6	0.1 (1.53)	1.2 (1.54)
Marijuana and Hashish	44.5	45.6	44.4	0.1 (1.52)	1.2 (1.53)
Cocaine	15.0	14.8	16.0	-1.0 (1.09)	-1.2 (1.12)
Crack	3.7[a]	3.6[a]	5.2	-1.5 (0.66)	-1.6 (0.69)
Heroin	1.9	1.9	2.2	-0.3 (0.43)	-0.3 (0.44)
Hallucinogens	15.3	16.2	17.2	-1.9 (1.12)	-0.9 (1.15)
LSD	9.8	10.4	11.5	-1.6 (0.93)	-1.1 (0.93)
PCP	2.7	2.6	3.6	-1.0 (0.61)	-1.0 (0.62)
Ecstasy	6.3	7.1	6.6	-0.3 (0.64)	0.4 (0.64)
Inhalants	8.6[a]	8.5[a]	11.1	-2.5 (0.75)	-2.5 (0.75)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	22.7	22.4[a]	25.1	-2.4 (1.21)	-2.7 (1.25)
Cocaine or Heroin[7]	15.1	14.8	16.0	-0.9 (1.09)	-1.2 (1.12)
CIGARETTES	64.2	63.8	64.1	0.1 (1.41)	-0.3 (1.39)
SMOKELESS TOBACCO[8]	19.3[a]	19.1	17.0	2.3 (1.03)	2.1 (1.08)
ALCOHOL	83.9	83.5	83.2	0.7 (0.99)	0.4 (0.99)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.22sp Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Substance	2012 Comparison (*n* = 2,061)[1,2]	2013 Comparison (*n* = 998)[1,3]	2013 DR (*n* = 185)[1,4]	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	11.6	9.5	14.4*	-2.8 (5.05)	-4.9 (5.27)
Alternate Definition 2[6]	10.5	9.2	13.6*	-3.0 (4.80)	-4.4 (4.96)
Marijuana and Hashish	9.2	8.2	9.5	-0.4 (3.51)	-1.3 (3.51)
Cocaine	4.9	3.6	7.2*	-2.3 (3.84)	-3.6 (3.89)
Crack	0.5	0.6	0.3	0.2 (0.39)	0.3 (0.39)
Heroin	0.5	0.2	0.1	0.4 (0.29)	0.0 (0.19)
Hallucinogens	1.5	0.8	4.0	-2.6 (2.04)	-3.3 (2.14)
LSD	0.4	0.1	1.9	-1.5 (1.20)	-1.8 (1.19)
PCP	0.2	0.0	0.0*	0.2 (0.14)	0.0 (0.05)
Ecstasy	0.4	0.4	0.6	-0.2 (0.42)	-0.2 (0.41)
Inhalants	2.0	1.2	1.0	1.0 (0.77)	0.2 (0.69)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	6.6	4.4	11.2*	-4.6 (5.25)	-6.8 (5.35)
Cocaine or Heroin[7]	4.9	3.6	7.3*	-2.4 (3.85)	-3.7 (3.89)
CIGARETTES	40.8	39.3	39.4*	1.4 (6.77)	-0.1 (6.69)
SMOKELESS TOBACCO[8]	1.9[a]	1.2[a]	0.1	1.8 (0.53)	1.0 (0.42)
ALCOHOL	65.1[a]	64.6	72.9	-7.8 (3.87)	-8.3 (4.89)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.23 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 17,573)[1,2]	2013 Comparison (n = 8,610)[1,3]	Combined 2012 QFT and 2013 DR (n = 707)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	20.3	19.1	23.0	0.3 (0.95)	0.8 (0.95)
Alternate Definition 2[6]	16.5	15.9	17.3	0.4 (0.93)	0.8 (0.92)
Marijuana and Hashish	16.4	15.8	17.3	0.2 (0.91)	0.7 (0.91)
Cocaine	0.9[a]	0.8[a]	0.2	0.4 (0.28)	0.2 (0.25)
Crack	0.1	0.1	0.1	0.1 (0.11)	-0.0 (0.11)
Heroin	0.2[a]	0.1[a]	0.0[*]	0.1 (0.11)	0.0 (0.11)
Hallucinogens	3.1	2.5[a]	4.5	-0.0 (0.27)	-0.0 (0.27)
LSD	1.0	1.0	0.8	0.0 (0.10)	0.1 (0.11)
PCP	0.3	0.2	0.5	0.0 (0.02)	0.0 (0.03)
Ecstasy	1.7	1.3	1.9	0.2 (0.14)	0.3 (0.15)
Inhalants	6.2[a]	4.9[a]	9.4	-0.1 (0.16)	-0.2 (0.16)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	8.4[a]	7.0[a]	11.9	0.1 (0.45)	-0.2 (0.42)
Cocaine or Heroin[7]	1.0[a]	0.8[a]	0.2	0.3 (0.29)	0.1 (0.27)
CIGARETTES	17.5	15.5	16.0	-1.2 (1.41)	-2.4 (1.37)
SMOKELESS TOBACCO[8]	7.2	6.8	7.0	-0.7 (0.50)	-0.8 (0.52)
ALCOHOL	31.9	29.7	30.5	2.4 (1.39)	1.8 (1.35)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.24 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 18,029)[1,2]	2013 Comparison (n = 8,532)[1,3]	Combined 2012 QFT and 2013 DR (n = 702)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	55.1[a]	53.9[a]	60.3	-0.2 (0.69)	0.2 (0.69)
Alternate Definition 2[6]	53.9	52.7[a]	58.3	-0.3 (0.69)	0.1 (0.69)
Marijuana and Hashish	53.7	52.6[a]	58.0	-0.5 (0.67)	-0.1 (0.67)
Cocaine	12.3	11.6	10.8	0.3 (0.11)	0.3 (0.11)
Crack	2.0	1.6	2.6	0.1 (0.05)	0.1 (0.05)
Heroin	2.2	2.1	2.6	0.1 (0.03)	0.1 (0.03)
Hallucinogens	18.2	17.8	19.9	0.1 (0.09)	0.2 (0.10)
LSD	6.7	6.9	7.3	0.0 (0.04)	0.0 (0.04)
PCP	1.0	0.7	0.9	-0.0 (0.02)	-0.0 (0.02)
Ecstasy	13.1	12.4	12.2	0.1 (0.06)	0.2 (0.06)
Inhalants	8.7	7.7	10.3	0.0 (0.05)	0.1 (0.06)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	23.7	22.5[a]	27.2	0.5 (0.15)	0.5 (0.16)
Cocaine or Heroin[7]	12.6	11.8	10.8	0.4 (0.12)	0.4 (0.12)
CIGARETTES	60.2	57.6[a]	63.7	-1.0 (1.35)	-2.2 (1.32)
SMOKELESS TOBACCO[8]	22.0	22.7	23.2	-0.4 (0.45)	-0.5 (0.46)
ALCOHOL	85.0	84.3	86.2	3.5 (1.37)	3.2 (1.40)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.25 Substance Use Other Than Methamphetamine or Prescription Drugs in the Lifetime among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 19,630)[1,2]	2013 Comparison (n = 9,475)[1,3]	Combined 2012 QFT and 2013 DR (n = 1,603)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	47.4	49.0	46.7	-2.7 (2.14)	-3.9 (2.23)
Alternate Definition 2[6]	46.4	48.1	45.5	-0.8 (1.87)	-1.4 (1.95)
Marijuana and Hashish	46.2	47.9	45.3	-0.9 (1.87)	-1.5 (1.95)
Cocaine	17.0	16.8	18.6	0.7 (0.16)	0.5 (0.17)
Crack	4.3[a]	4.3[a]	6.2	-0.0 (0.13)	-0.0 (0.13)
Heroin	2.0	2.1	2.4	0.2 (0.04)	0.1 (0.02)
Hallucinogens	16.2	17.5	18.2	-1.4 (0.93)	-2.0 (0.93)
LSD	11.3	12.0	13.3	0.2 (0.33)	0.2 (0.34)
PCP	3.2	3.2	4.4	-0.2 (0.26)	-0.3 (0.26)
Ecstasy	5.7	6.9	6.3	-0.2 (0.49)	-0.6 (0.49)
Inhalants	8.8[a]	9.1[a]	11.4	-3.2 (1.22)	-4.5 (1.21)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	24.2	24.2	26.3	-3.5 (1.43)	-5.0 (1.42)
Cocaine or Heroin[7]	17.1	16.9	18.6	0.8 (0.16)	0.6 (0.17)
CIGARETTES	70.0	70.2	69.6	1.5 (1.99)	-0.5 (1.99)
SMOKELESS TOBACCO[8]	20.3[a]	19.9[a]	17.2	0.2 (1.10)	-0.2 (1.14)
ALCOHOL	89.6	89.5	88.6	1.5 (2.37)	-0.7 (2.40)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.26 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	13.0	13.5	12.7	-0.5 (1.63)	-1.2 (1.68)
Alternate Definition 2[6]	12.6	13.0	12.2	0.3 (1.49)	-0.4 (1.55)
Marijuana and Hashish	12.2	12.7	12.0	0.2 (1.49)	-0.4 (1.55)
Cocaine	1.8	1.6	1.4	0.5 (0.10)	0.4 (0.10)
Crack	0.4	0.3	0.3	0.1 (0.03)	0.0 (0.02)
Heroin	0.3	0.3	0.2	0.1 (0.03)	0.0 (0.02)
Hallucinogens	1.6	1.7	1.7	-0.3 (0.72)	-0.6 (0.72)
LSD	0.4	0.4	0.4	0.3 (0.20)	0.4 (0.20)
PCP	0.1	0.0	0.0	-0.0 (0.14)	-0.1 (0.14)
Ecstasy	1.0	1.0	0.7	0.1 (0.37)	-0.1 (0.36)
Inhalants	0.6	0.6	0.7	-1.2 (0.74)	-1.6 (0.73)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	3.3	3.1	3.2	-1.1 (0.95)	-1.7 (0.95)
Cocaine or Heroin[7]	1.9	1.7	1.6	0.6 (0.10)	0.4 (0.10)
CIGARETTES	26.9	25.6	28.0	1.1 (1.55)	-0.9 (1.57)
SMOKELESS TOBACCO[8]	5.1	5.0	5.8	-0.8 (0.96)	-0.7 (0.99)
ALCOHOL	68.3	67.7	65.9	3.1 (1.95)	1.2 (2.02)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.26sp Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Substance	2012 Comparison (*n* = 2,061)[1,2]	2013 Comparison (*n* = 998)[1,3]	2013 DR (*n* = 185)[1,4]	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	2.1	1.3	1.8	0.3 (0.83)	-0.4 (0.63)
Alternate Definition 2[6]	1.8	1.3	1.8	-0.0 (0.83)	-0.5 (0.63)
Marijuana and Hashish	1.5	1.3	1.2	0.3 (0.65)	0.1 (0.45)
Cocaine	0.4	0.3	0.6*	-0.2 (0.54)	-0.2 (0.64)
Crack	0.1	0.1	0.0*	0.1 (0.04)	0.1 (0.14)
Heroin	0.0	0.0*	0.1	-0.1 (0.14)	-0.1 (0.14)
Hallucinogens	0.1	0.2	0.2	-0.1 (0.20)	0.0 (0.22)
LSD	0.0	0.1	0.0*	0.0 (0.03)	0.1 (0.07)
PCP	0.0*	0.0*	0.0*	0.0 (0.00)	0.0 (0.00)
Ecstasy	0.1	0.1	0.2	-0.1 (0.19)	-0.1 (0.20)
Inhalants	0.3	0.1	0.1	0.2 (0.19)	-0.1 (0.14)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	0.7	0.5	0.9	-0.2 (0.59)	-0.4 (0.67)
Cocaine or Heroin[7]	0.4	0.3	0.7	-0.3 (0.55)	-0.4 (0.65)
CIGARETTES	14.7	15.8	19.0*	-4.3 (5.71)	-3.2 (5.82)
SMOKELESS TOBACCO[8]	0.1	0.3	0.1	-0.0 (0.13)	0.1 (0.19)
ALCOHOL	45.0[a]	41.9[a]	59.4	-14.4 (4.64)	-17.5 (5.27)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.27 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 17,573)[1,2]	2013 Comparison (n = 8,610)[1,3]	Combined 2012 QFT and 2013 DR (n = 707)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	14.7	14.0	15.2	0.2 (1.11)	-0.3 (1.14)
Alternate Definition 2[6]	13.1	12.5	12.8	0.5 (1.05)	0.1 (1.08)
Marijuana and Hashish	13.1	12.4	12.8	0.4 (1.05)	0.0 (1.08)
Cocaine	0.6[a]	0.5[a]	0.1	0.1 (0.03)	0.1 (0.04)
Crack	0.1[a]	0.0[a]	0.0[*]	0.0 (0.00)	0.0 (0.00)
Heroin	0.1[a]	0.0[a]	0.0[*]	0.0 (0.00)	0.0 (0.00)
Hallucinogens	2.1	1.7	2.4	0.1 (0.27)	-0.1 (0.27)
LSD	0.5	0.6	0.3	0.0 (0.09)	0.1 (0.11)
PCP	0.1	0.1	0.2	-0.1 (0.10)	-0.1 (0.10)
Ecstasy	1.0	0.8	0.9	0.2 (0.10)	0.0 (0.10)
Inhalants	2.3	1.9[a]	3.5	-0.1 (0.28)	-0.3 (0.28)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	4.2	3.6	5.3	0.4 (0.34)	0.1 (0.34)
Cocaine or Heroin[7]	0.7[a]	0.5[a]	0.1	0.1 (0.03)	0.1 (0.04)
CIGARETTES	11.8	9.8	10.7	1.0 (1.16)	-0.3 (1.18)
SMOKELESS TOBACCO[8]	4.3	4.3	5.0	-0.8 (0.82)	-1.1 (0.82)
ALCOHOL	25.3	23.5	22.3	2.4 (1.36)	1.1 (1.37)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.28 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (*n* = 18,029)[1,2]	2013 Comparison (*n* = 8,532)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 702)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	33.9	33.2	33.4	-5.2 (2.43)	-6.3 (2.47)
Alternate Definition 2[6]	33.3	32.5	32.0	-4.4 (2.52)	-5.6 (2.56)
Marijuana and Hashish	32.8	32.1	31.7	-4.3 (2.50)	-5.4 (2.56)
Cocaine	4.6	4.7	3.2	1.5 (1.55)	0.8 (1.56)
Crack	0.5	0.3	0.6	-0.6 (0.90)	-1.0 (0.91)
Heroin	0.9	0.9	0.8	-0.4 (0.69)	-0.5 (0.68)
Hallucinogens	6.7	6.7	7.6	-1.6 (2.03)	-2.1 (1.99)
LSD	2.0	2.3	2.0	-0.7 (1.58)	-0.4 (1.54)
PCP	0.2	0.1	0.2	0.1 (0.37)	-0.1 (0.38)
Ecstasy	4.1	4.2	3.4	0.9 (1.50)	0.2 (1.53)
Inhalants	1.5	1.4	1.1	-1.6 (1.26)	-2.6 (1.30)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	9.6	9.4	9.5	-3.5 (2.25)	-4.8 (2.23)
Cocaine or Heroin[7]	4.9	5.0	3.6	1.7 (1.55)	1.0 (1.56)
CIGARETTES	42.5	39.8	43.8	-3.5 (2.43)	-6.1 (2.40)
SMOKELESS TOBACCO[8]	10.3	10.7	10.3	-1.2 (2.58)	-0.5 (2.53)
ALCOHOL	78.4	77.7	78.5	-1.3 (1.74)	-1.9 (1.77)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.29 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Year among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (*n* = 19,630)[1,2]	2013 Comparison (*n* = 9,475)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 1,603)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	9.5	10.3	9.1	0.5 (2.62)	-0.3 (2.59)
Alternate Definition 2[6]	9.3	10.0	9.0	1.3 (2.54)	0.5 (2.50)
Marijuana and Hashish	8.9	9.7	8.8	1.0 (2.54)	0.3 (2.53)
Cocaine	1.5	1.2	1.3	1.4 (0.90)	1.5 (0.88)
Crack	0.4	0.3	0.3	-0.1 (0.38)	-0.3 (0.37)
Heroin	0.2	0.2	0.2	0.1 (0.34)	0.1 (0.33)
Hallucinogens	0.8	0.8	0.6	-0.9 (1.51)	-0.8 (1.43)
LSD	0.1	0.1	0.1	-0.0 (0.60)	0.2 (0.57)
PCP	0.0[a]	0.0	0.0*	-0.0 (0.15)	-0.1 (0.15)
Ecstasy	0.5	0.5	0.3	0.7 (0.77)	0.7 (0.74)
Inhalants	0.3	0.3	0.3	0.3 (0.44)	0.3 (0.46)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	2.2	2.0	2.0	0.1 (1.60)	-0.0 (1.49)
Cocaine or Heroin[7]	1.6	1.3	1.5	1.3 (0.94)	1.5 (0.90)
CIGARETTES	26.1	25.1	27.5	-1.3 (2.39)	-4.0 (2.37)
SMOKELESS TOBACCO[8]	4.3	4.1	5.1	-0.0 (1.50)	0.4 (1.50)
ALCOHOL	71.5	71.1	68.8	-0.1 (2.25)	-0.8 (2.26)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.30 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (*n* = 55,232)[1,2]	2013 Comparison (*n* = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	7.8	8.2	8.0	-0.9 (2.11)	-1.5 (2.08)
Alternate Definition 2[6]	7.6	8.0	7.9	-1.1 (2.11)	-1.6 (2.08)
Marijuana and Hashish	7.3	7.7	7.8	-1.4 (2.09)	-1.9 (2.08)
Cocaine	0.7[a]	0.7[a]	0.3	0.4 (0.41)	0.5 (0.42)
Crack	0.2[a]	0.1	0.1	-0.3 (0.36)	-0.3 (0.36)
Heroin	0.1[a]	0.1[a]	0.0	0.1 (0.19)	-0.0 (0.19)
Hallucinogens	0.4	0.5[a]	0.3	0.0 (0.57)	0.3 (0.58)
LSD	0.1	0.1	0.1	0.1 (0.21)	0.1 (0.21)
PCP	0.0	0.0	0.0	-0.2 (0.15)	-0.2 (0.15)
Ecstasy	0.2	0.3[a]	0.1	0.2 (0.39)	0.3 (0.39)
Inhalants	0.2	0.2	0.1	0.1 (0.19)	0.0 (0.20)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	1.2[a]	1.3[a]	0.7	0.3 (0.71)	0.6 (0.73)
Cocaine or Heroin[7]	0.7[a]	0.7[a]	0.3	0.5 (0.44)	0.5 (0.45)
CIGARETTES	23.1	22.0	24.1	0.5 (2.41)	-1.3 (2.41)
SMOKELESS TOBACCO[8]	3.9	3.8	4.3	0.1 (1.27)	0.8 (1.25)
ALCOHOL	54.1[a]	53.9[a]	50.7	0.4 (3.05)	-0.9 (3.12)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.30sp Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 2,061)[1,2]	2013 Comparison (n = 998)[1,3]	2013 DR (n = 185)[1,4]	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	1.0	0.7	0.9	0.1 (0.79)	-0.1 (0.68)
Alternate Definition 2[6]	0.8	0.7	0.9	-0.0 (0.78)	-0.1 (0.68)
Marijuana and Hashish	0.7	0.7	0.3	0.4 (0.31)	0.4 (0.28)
Cocaine	0.2	0.2	0.6*	-0.4 (0.54)	-0.3 (0.57)
Crack	0.0	0.1	0.0*	0.0 (0.04)	0.1 (0.14)
Heroin	0.0*	0.0*	0.0*	0.0 (0.00)	0.0 (0.00)
Hallucinogens	0.1	0.0	0.0*	0.1 (0.04)	0.0 (0.03)
LSD	0.0	0.0*	0.0*	0.0 (0.01)	0.0 (0.00)
PCP	0.0*	0.0*	0.0*	0.0 (0.00)	0.0 (0.00)
Ecstasy	0.0	0.0	0.0*	0.0 (0.02)	0.0 (0.03)
Inhalants	0.2	0.1	0.0*	0.2 (0.13)	0.1 (0.04)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	0.4	0.3	0.6*	-0.1 (0.55)	-0.3 (0.58)
Cocaine or Heroin[7]	0.2	0.2	0.6*	-0.4 (0.54)	-0.3 (0.57)
CIGARETTES	11.5	14.1	18.1*	-6.5 (5.79)	-4.0 (5.89)
SMOKELESS TOBACCO[8]	0.0	0.1	0.1	-0.1 (0.13)	-0.0 (0.14)
ALCOHOL	27.1	25.1	33.9*	-6.8 (6.28)	-8.8 (6.58)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.31 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 17,573)[1,2]	2013 Comparison (n = 8,610)[1,3]	Combined 2012 QFT and 2013 DR (n = 707)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	7.7	7.2	7.5	0.7 (1.73)	2.3 (1.74)
Alternate Definition 2[6]	7.1	6.8	6.7	0.9 (1.77)	2.6 (1.78)
Marijuana and Hashish	7.1	6.7	6.7	0.9 (1.76)	2.6 (1.77)
Cocaine	0.1[a]	0.1[a]	0.0*	-1.6 (1.34)	-1.8 (1.38)
Crack	0.0*	0.0*	0.0*	-1.8 (0.82)	-1.9 (0.85)
Heroin	0.0*	0.0*	0.0*	-0.4 (0.54)	-0.3 (0.55)
Hallucinogens	0.6	0.5	0.5	-1.9 (1.32)	-0.6 (1.36)
LSD	0.1	0.2	0.1	-2.0 (1.13)	-1.3 (1.14)
PCP	0.0	0.0*	0.1	-1.2 (0.78)	-1.3 (0.79)
Ecstasy	0.3	0.1	0.1	-0.6 (0.74)	0.6 (0.73)
Inhalants	0.6	0.5	0.7	-2.6 (0.92)	-2.3 (0.92)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	1.3	1.0	0.9	-2.1 (1.42)	-2.1 (1.46)
Cocaine or Heroin[7]	0.1[a]	0.1[a]	0.0*	-1.6 (1.34)	-1.8 (1.38)
CIGARETTES	7.0	5.7	6.0	0.4 (1.56)	0.6 (1.55)
SMOKELESS TOBACCO[8]	2.5	2.2	3.3	3.1 (1.18)	2.7 (1.25)
ALCOHOL	12.9	11.6	10.5	0.9 (1.09)	0.8 (1.09)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.32 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 18 to 25 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (*n* = 18,029)[1,2]	2013 Comparison (*n* = 8,532)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 702)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	20.3	19.8	21.2	0.4 (0.88)	1.2 (0.90)
Alternate Definition 2[6]	19.9	19.4	21.0	0.3 (0.86)	1.0 (0.88)
Marijuana and Hashish	19.5	19.1	21.0	0.1 (0.85)	0.9 (0.87)
Cocaine	1.2	1.3	0.8	0.2 (0.31)	-0.0 (0.29)
Crack	0.1	0.1	0.4	0.2 (0.12)	0.0 (0.12)
Heroin	0.4	0.2	0.3	0.0 (0.13)	0.0 (0.12)
Hallucinogens	1.8	2.1	1.8	0.1 (0.19)	0.2 (0.20)
LSD	0.4	0.3	0.3	0.0 (0.08)	0.0 (0.09)
PCP	0.0	0.0	0.2	0.0 (0.01)	0.0 (0.02)
Ecstasy	1.1	1.1	0.8	0.2 (0.11)	0.3 (0.13)
Inhalants	0.4	0.3	0.3	-0.1 (0.18)	-0.1 (0.18)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	3.0	3.3	2.7	0.2 (0.40)	0.0 (0.38)
Cocaine or Heroin[7]	1.4	1.5	1.0	0.1 (0.33)	-0.1 (0.31)
CIGARETTES	33.6	31.9	33.1	-1.4 (1.69)	-2.4 (1.65)
SMOKELESS TOBACCO[8]	6.5	7.2	6.4	-0.8 (0.58)	-1.0 (0.61)
ALCOHOL	62.0	60.7	61.6	2.7 (1.59)	2.3 (1.57)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.33 Substance Use Other Than Methamphetamine or Prescription Drugs in the Past Month among Persons Aged 26 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 19,630)[1,2]	2013 Comparison (n = 9,475)[1,3]	Combined 2012 QFT and 2013 DR (n = 1,603)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
ILLICIT DRUGS					
Alternate Definition 1[5]	5.8	6.5	6.0	-0.1 (0.66)	0.6 (0.68)
Alternate Definition 2[6]	5.8	6.4	6.0	-0.2 (0.66)	0.4 (0.68)
Marijuana and Hashish	5.4	6.0	5.8	-0.4 (0.65)	0.2 (0.67)
Cocaine	0.6[a]	0.6[a]	0.3	0.4 (0.13)	0.3 (0.13)
Crack	0.2[a]	0.2[a]	0.0[*]	0.2 (0.04)	0.2 (0.04)
Heroin	0.1[a]	0.1[a]	0.0[*]	0.1 (0.02)	0.1 (0.03)
Hallucinogens	0.2[a]	0.3[a]	0.1	0.1 (0.06)	0.2 (0.07)
LSD	0.0	0.1	0.0	-0.0 (0.03)	0.0 (0.04)
PCP	0.0	0.0	0.0[*]	0.0 (0.00)	0.0 (0.02)
Ecstasy	0.1[a]	0.2[a]	0.0	0.1 (0.04)	0.2 (0.05)
Inhalants	0.1	0.2[a]	0.1	0.0 (0.05)	0.1 (0.06)
ILLICIT DRUGS OTHER THAN MARIJUANA					
Alternate Definition[5]	0.9[a]	1.0[a]	0.4	0.5 (0.14)	0.6 (0.15)
Cocaine or Heroin[7]	0.7[a]	0.7[a]	0.3	0.4 (0.13)	0.4 (0.14)
CIGARETTES	23.3	22.2	24.7	-1.5 (1.60)	-2.5 (1.56)
SMOKELESS TOBACCO[8]	3.6	3.5	4.1	-0.4 (0.51)	-0.6 (0.53)
ALCOHOL	57.5[a]	57.6[a]	53.5	4.0 (1.55)	4.1 (1.63)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, or inhalants but do not include methamphetamine or prescription-type psychotherapeutics that were misused. Illicit Drugs Other Than Marijuana in this definition include cocaine (including crack), heroin, hallucinogens, or inhalants.
[6] Illicit Drugs in this definition include marijuana/hashish, cocaine (including crack), or heroin, but do not include hallucinogens, inhalants, methamphetamine, or prescription-type psychotherapeutics that were misused.
[7] Cocaine use includes crack.
[8] Smokeless tobacco refers to snuff, dip, chewing tobacco, or "snus." Estimates are based on responses to questions about use of any smokeless tobacco product.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.34 Specific Hallucinogen Use in the Lifetime, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Hallucinogen/Age Group	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Hallucinogens, Aged 12 or Older	15.3	16.2	17.2	-1.9 (1.12)	-0.9 (1.15)
Ketamine[5,6]	1.0	1.1	1.4	-0.3 (0.28)	-0.3 (0.28)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[5]	0.6	0.7	1.0	-0.4 (0.22)	-0.3 (0.22)
Salvia divinorum[5]	2.1	2.0	2.5	-0.5 (0.40)	-0.6 (0.41)
Other Hallucinogens[7]	1.5[a]	1.9[a]	0.7	0.8 (0.22)	1.2 (0.23)
Hallucinogens, Aged 12 to 17	3.1	2.5[a]	4.5	-1.4 (0.93)	-2.0 (0.93)
Ketamine[5,6]	0.3	0.2	0.4	-0.1 (0.22)	-0.2 (0.22)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[5]	0.4	0.3	0.4	0.0 (0.25)	-0.1 (0.25)
Salvia divinorum[5]	1.1	0.6[a]	1.8	-0.7 (0.52)	-1.1 (0.53)
Other Hallucinogens[7]	1.0	0.8	0.5	0.5 (0.24)	0.3 (0.25)
Hallucinogens, Aged 18 to 25	18.2	17.8	19.9	-1.6 (2.03)	-2.1 (1.99)
Ketamine[5,6]	1.4	1.9	1.4	0.0 (0.46)	0.5 (0.48)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[5]	2.0	2.6	2.1	-0.1 (0.74)	0.5 (0.75)
Salvia divinorum[5]	8.4	7.4	7.6	0.8 (1.30)	-0.2 (1.27)
Other Hallucinogens[7]	3.3[a]	4.1[a]	1.1	2.2 (0.44)	3.0 (0.45)
Hallucinogens, Aged 26 or Older	16.2	17.5	18.2	-1.9 (1.32)	-0.6 (1.36)
Ketamine[5,6]	1.1	1.1	1.5	-0.4 (0.34)	-0.4 (0.34)
DMT, AMT, or 5-MeO-DIPT ("Foxy")[5]	0.4	0.4	0.9	-0.5 (0.26)	-0.5 (0.26)
Salvia divinorum[5]	1.2	1.2	1.8	-0.7 (0.40)	-0.6 (0.41)
Other Hallucinogens[7]	1.3[a]	1.7[a]	0.7	0.7 (0.26)	1.0 (0.28)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
AMT = alpha-methyltryptamine; DMT = dimethyltryptamine; DR = Dress Rehearsal; 5-MeO-DIPT = 5-methoxy-diisopropyltryptamine; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Asked in the hallucinogens module in the QFT and DR and in the special drugs module in the 2012 and 2013 comparison data.
[6] Ketamine is also known as "Special K" or "Super K."
[7] For the 2012 and 2013 comparison data, use of any other hallucinogens besides the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA. For the QFT and DR, use of any other hallucinogens besides the ones in the 2012 and 2013 comparison data, plus the following: ketamine; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.35 Specific Inhalant Use in the Lifetime, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Inhalant/Age Group	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Inhalants, Aged 12 or Older	8.6[a]	8.5[a]	11.1	-2.5 (0.75)	-2.5 (0.75)
Felt-Tip Pens	N/A	N/A	3.0	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	1.3	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays[5]	0.8	0.8	0.8	-0.1 (0.24)	-0.0 (0.25)
Other Inhalants[6]	0.4	0.4	0.7	-0.2 (0.24)	-0.3 (0.25)
Inhalants, Aged 12 to 17	6.2[a]	4.9[a]	9.4	-3.2 (1.22)	-4.5 (1.21)
Felt-Tip Pens	N/A	N/A	7.2	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	1.1	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays[5]	1.1	0.9	0.8	0.3 (0.36)	0.1 (0.36)
Other Inhalants[6]	1.4[a]	0.9	0.7	0.7 (0.33)	0.2 (0.34)
Inhalants, Aged 18 to 25	8.7	7.7	10.3	-1.6 (1.26)	-2.6 (1.30)
Felt-Tip Pens	N/A	N/A	5.2	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	2.9	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays[5]	1.5[a]	1.2[a]	0.4	1.1 (0.24)	0.8 (0.25)
Other Inhalants[6]	0.8[a]	0.8[a]	0.0[*]	0.8 (0.06)	0.8 (0.09)
Inhalants, Aged 26 or Older	8.8[a]	9.1[a]	11.4	-2.6 (0.92)	-2.3 (0.92)
Felt-Tip Pens	N/A	N/A	2.1	N/A (N/A)	N/A (N/A)
Computer Keyboard Cleaner	N/A	N/A	1.1	N/A (N/A)	N/A (N/A)
Other Aerosol Sprays[5]	0.6	0.7	0.9	-0.3 (0.30)	-0.2 (0.31)
Other Inhalants[6]	0.3	0.2	0.8	-0.5 (0.31)	-0.5 (0.31)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Aerosol sprays other than computer keyboard cleaner or spray paint (Combined QFT and DR). Aerosol sprays other than spray paint (2012 or 2013 comparison data).
[6] For the 2012 and 2013 comparison data, use of any other inhalants besides the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; or other aerosol sprays. For the combined QFT and DR, use of any other inhalants besides the ones in the 2012 and 2013 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.36 Alcohol Use in the Lifetime among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (*n* = 55,232)[1,2]	2013 Comparison (*n* = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older	83.9	83.5	83.2	0.7 (0.99)	0.4 (0.99)
Male	86.3	85.6	84.5	2.4 (1.39)	1.8 (1.35)
Female	81.7	81.6	81.9	3.5 (1.37)	3.2 (1.40)
Aged 12 to 17	31.9	29.7	30.5	1.7 (1.17)	1.1 (1.20)
Male	31.4	29.0	30.7	3.5 (1.83)	3.6 (1.90)
Female	32.5	30.4	30.2	2.8 (2.09)	3.7 (2.12)
Aged 18 to 25	85.0	84.3	86.2	-0.2 (1.44)	-0.3 (1.46)
Male	84.9	84.1	85.0	1.5 (1.85)	0.2 (1.77)
Female	85.0	84.5	87.5	4.1 (1.69)	2.8 (1.70)
Aged 26 or Older	89.6	89.5	88.6	1.5 (2.37)	-0.7 (2.40)
Male	93.1	92.7	91.0	3.1 (1.95)	1.2 (2.02)
Female	86.4	86.5	86.6	2.4 (1.36)	1.1 (1.37)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.37 Alcohol Use in the Past Year among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (*n* = 55,232)[1,2]	2013 Comparison (*n* = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older	68.3	67.7	65.9	0.7 (2.38)	-1.6 (2.58)
Male	70.9	71.1	67.5	2.0 (2.30)	-0.4 (2.46)
Female	65.9	64.6	64.4	0.7 (1.89)	-0.5 (1.98)
Aged 12 to 17	25.3	23.5	22.3	2.3 (3.79)	0.2 (3.73)
Male	24.5	22.0	22.5	4.1 (2.93)	2.8 (2.93)
Female	26.2	24.9	22.1	4.2 (2.07)	2.6 (1.99)
Aged 18 to 25	78.4	77.7	78.5	-1.3 (1.74)	-1.9 (1.77)
Male	79.2	78.4	78.4	-0.1 (2.25)	-0.8 (2.26)
Female	77.6	77.0	78.7	0.4 (3.05)	-0.9 (3.12)
Aged 26 or Older	71.5	71.1	68.8	-0.1 (2.54)	-0.9 (2.57)
Male	75.2	75.8[a]	71.0	0.9 (3.26)	0.0 (3.31)
Female	68.3	66.8	66.8	-1.4 (4.25)	-2.7 (4.36)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.38 Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (*n* = 55,232)[1,2]	2013 Comparison (*n* = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older	54.1[a]	53.9[a]	50.7	-2.5 (1.92)	-3.0 (2.04)
Male	58.1	59.0	55.3	-1.1 (2.41)	-1.7 (2.49)
Female	50.4[a]	49.1	46.4	2.3 (3.17)	1.0 (3.20)
Aged 12 to 17	12.9	11.6	10.5	0.9 (1.09)	0.8 (1.09)
Male	12.5	11.4	11.9	2.7 (1.59)	2.3 (1.57)
Female	13.3[a]	11.8	9.1	4.0 (1.55)	4.1 (1.63)
Aged 18 to 25	62.0	60.7	61.6	2.1 (1.38)	1.7 (1.41)
Male	64.2	63.0	65.6	4.1 (2.19)	4.7 (2.30)
Female	59.8	58.5	57.5	3.8 (2.47)	5.3 (2.56)
Aged 26 or Older	57.5[a]	57.6[a]	53.5	-0.2 (1.53)	-0.0 (1.60)
Male	62.6	64.1[a]	58.8	1.4 (2.21)	0.0 (2.14)
Female	52.9[a]	51.6	48.7	4.2 (2.07)	2.9 (2.11)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.38sp Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 2,061)[1,2]	2013 Comparison (n = 998)[1,3]	2013 DR (n = 185)[1,4]	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
Aged 12 or Older	27.1	25.1	33.9*	-6.8 (6.28)	-8.8 (6.58)
Male	39.5	37.3	39.4*	0.0 (13.06)	-2.1 (12.23)
Female	16.3	14.4	29.2*	-13.0 (6.95)	-14.8 (7.62)
Aged 12 to 17	11.7	4.8	6.6*	5.2 (4.36)	-1.8 (5.85)
Male	11.9[a]	5.7*	2.7*	9.3 (4.17)	3.0 (5.20)
Female	11.5*	3.9*	18.0*	-6.5 (10.97)	-14.1 (11.94)
Aged 18 to 25	33.9	33.3	52.7*	-18.8 (13.66)	-19.4 (13.45)
Male	44.6	45.8	72.3*	-27.6 (23.13)	-26.5 (22.58)
Female	20.3	18.6	42.0*	-21.7 (18.59)	-23.4 (17.37)
Aged 26 or Older	27.3	25.7	34.9*	-7.6 (6.79)	-9.2 (7.18)
Male	40.5	38.8	42.1*	-1.6 (14.71)	-3.3 (13.90)
Female	16.2	14.7	29.1*	-12.9 (7.21)	-14.4 (7.94)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.39 Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
BINGE ALCOHOL USE, CORE ONLY[5]					
Aged 12 or Older	22.4	22.4	23.2	-0.8 (1.19)	-0.8 (1.17)
Male	29.8	29.5	28.6	1.2 (1.84)	1.0 (1.83)
Female	15.7	15.8	18.2	-2.6 (1.31)	-2.4 (1.30)
Aged 12 to 17	6.7	5.6	4.9	1.8 (1.02)	0.7 (1.03)
Male	6.8[a]	6.3	4.4	2.4 (1.06)	1.9 (1.08)
Female	6.5	4.8	5.4	1.1 (1.47)	-0.6 (1.47)
Aged 18 to 25	39.9	37.7	40.9	-1.0 (2.94)	-3.3 (2.91)
Male	45.7	44.6	45.5	0.1 (3.98)	-0.9 (4.06)
Female	34.3	30.8	36.1	-1.8 (3.10)	-5.3 (3.04)
Aged 26 or Older	21.4	21.9	22.5	-1.0 (1.30)	-0.6 (1.31)
Male	29.9	29.9	28.6	1.3 (2.07)	1.3 (2.06)
Female	13.8[a]	14.7	17.0	-3.2 (1.56)	-2.3 (1.56)
BINGE ALCOHOL USE, CORE PLUS NONCORE[6]					
Aged 12 or Older	25.0	24.6	23.2	1.8 (1.19)	1.4 (1.17)
Male	29.8	29.5	28.6	1.2 (1.84)	1.0 (1.83)
Female	20.6	20.1	18.2	2.4 (1.31)	1.9 (1.29)
Aged 12 to 17	7.5[a]	6.2	4.9	2.6 (1.02)	1.3 (1.02)
Male	6.8[a]	6.3	4.4	2.4 (1.06)	1.9 (1.08)
Female	8.2	6.0	5.4	2.8 (1.46)	0.6 (1.47)
Aged 18 to 25	43.2	41.0	40.9	2.2 (2.94)	0.1 (2.91)
Male	45.7	44.6	45.5	0.1 (3.98)	-0.9 (4.06)
Female	40.7	37.4	36.1	4.6 (3.09)	1.3 (3.03)
Aged 26 or Older	24.1	24.1	22.5	1.6 (1.30)	1.7 (1.30)
Male	29.9	29.9	28.6	1.3 (2.07)	1.3 (2.06)
Female	18.8	18.9	17.0	1.9 (1.55)	2.0 (1.56)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Binge Alcohol Use in the 2012 and 2013 comparison data based on only core alcohol module data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the Combined QFT and DR is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.
[6] Binge Alcohol Use in the 2012 and 2013 comparison data based on core plus noncore data is defined for males as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The measure for females in the 2012 and 2013 comparison data is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days or usually having four drinks on those days when respondents drank alcohol in the past 30 days based on the core alcohol module data, or drinking four or more drinks on the same occasion on at least 1 day in the past 30 days (including the last occasion of alcohol use) based on the noncore consumption of alcohol module data. Combined QFT and DR data for binge alcohol use based on the core alcohol module data are repeated in these rows.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.39sp Binge Alcohol Use in the Past Month among Persons Aged 12 or Older, by Age Group and Gender for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Age Group/Gender	2012 Comparison (n = 2,061)[1,2]	2013 Comparison (n = 998)[1,3]	2013 DR (n = 185)[1,4]	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
BINGE ALCOHOL USE, CORE ONLY[5]					
Aged 12 or Older	16.4	14.7	19.8*	-3.4 (5.74)	-5.1 (5.71)
Male	26.2	23.6	29.4*	-3.2 (12.24)	-5.8 (11.63)
Female	7.9	7.0	11.6*	-3.8 (4.76)	-4.6 (4.88)
Aged 12 to 17	7.5[a]	2.6	2.0*	5.5 (2.38)	0.6 (2.31)
Male	8.5	2.5*	2.7*	5.9 (4.16)	-0.2 (3.15)
Female	6.3[a]	2.8*	0.0*	6.3 (2.46)	2.8 (1.82)
Aged 18 to 25	22.7[a]	22.1[a]	52.7*	-30.0 (13.45)	-30.6 (13.81)
Male	33.7	34.0	72.3*	-38.6 (23.06)	-38.3 (22.49)
Female	8.8	8.1	42.0*	-33.2 (18.04)	-33.9 (18.18)
Aged 26 or Older	16.3	14.9	19.7*	-3.4 (6.27)	-4.9 (6.20)
Male	26.5	24.1	30.9*	-4.4 (13.77)	-6.8 (13.09)
Female	7.9	7.1	10.8*	-2.9 (4.98)	-3.7 (5.02)
BINGE ALCOHOL USE, CORE PLUS NONCORE[6]					
Aged 12 or Older	17.4	15.1	19.8*	-2.4 (5.75)	-4.7 (5.77)
Male	26.2	23.6	29.4*	-3.2 (12.24)	-5.8 (11.63)
Female	9.7	7.7	11.6*	-1.9 (4.78)	-3.9 (5.16)
Aged 12 to 17	7.8[a]	2.6	2.0*	5.8 (2.44)	0.6 (2.31)
Male	8.5	2.5*	2.7*	5.9 (4.16)	-0.2 (3.15)
Female	7.1[a]	2.8*	0.0*	7.1 (2.53)	2.8 (1.82)
Aged 18 to 25	23.7[a]	23.0[a]	52.7*	-29.0 (13.64)	-29.7 (13.82)
Male	33.7	34.0	72.3*	-38.6 (23.06)	-38.3 (22.49)
Female	11.1	10.1	42.0*	-30.9 (18.69)	-31.9 (18.25)
Aged 26 or Older	17.4	15.3	19.7*	-2.4 (6.26)	-4.5 (6.27)
Male	26.5	24.1	30.9*	-4.4 (13.77)	-6.8 (13.09)
Female	9.8	7.9	10.8*	-1.1 (4.98)	-3.0 (5.34)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Binge Alcohol Use in the 2012 and 2013 comparison data based on only core alcohol module data is defined as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. Binge Alcohol Use in the DR is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days.
[6] Binge Alcohol Use in the 2012 and 2013 comparison data based on core plus noncore data is defined for males as drinking five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. The measure for females in the 2012 and 2013 comparison data is defined as drinking five or more drinks on the same occasion on at least 1 day in the past 30 days or usually having four drinks on those days when respondents drank alcohol in the past 30 days based on the core alcohol module data, or drinking four or more drinks on the same occasion on at least 1 day in the past 30 days (including the last occasion of alcohol use) based on the noncore consumption of alcohol module data. DR data for binge alcohol use based on the core alcohol module data are repeated in these rows.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.40 Lifetime Use of Felt-Tip Pens, Computer Cleaners or Other Inhalants, by Age Group and Past Year Use of Inhalants according to Types of Inhalants Used in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Inhalant/Age Group	Aged 12 or Older (*n* = 3,012)	Aged 12 to 17 (*n* = 707)	Aged 18 to 25 (*n* = 702)	Aged 26 or Older (*n* = 1,603)
LIFETIME USE				
Felt-Tip Pens or Computer Keyboard Cleaner[1]	3.9	7.9	7.4	2.9
Other Inhalants, Excluding Felt-Tip Pens or Computer Keyboard Cleaner[2]	7.2	1.4	2.9	8.5
PAST YEAR USE				
Among Lifetime Users of Felt-Tip Pens or Computer Keyboard Cleaner[1]	12.4	31.5*	7.4*	8.5*
Among Lifetime Users of Other Inhalants, Excluding Users of Felt-Tip Pens or Computer Keyboard Cleaner[2]	3.3	69.4*	19.6*	1.1*

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

NOTE: Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

NOTE: Questionnaire Field Test data collected from September 1 through November 3, 2012. Dress Rehearsal data collected from September 1 through October 31, 2013.

NOTE: Denominators for lifetime use estimates consist of the combined QFT and DR sample for persons aged 12 or older or within the specific age groups. Denominators for past year use estimates among persons aged 12 or older consist of lifetime users of inhalants aged 12 or older who reported use of felt-tip pens or computer keyboard cleaner (*n* = 182) or who reported lifetime use of other inhalants but not these two specific inhalants (*n* = 185).

[1] Estimates could include lifetime use of other inhalants in addition to lifetime use of felt-tip pens, felt-tip markers, or magic markers; or computer cleaner, also known as air duster.

[2] Other inhalants in the combined QFT and DR include the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays, or other inhalants besides those that were listed.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Table 6.41 Use of Hallucinogens in Lifetime among Persons Aged 12 or Older with or without Noncore Hallucinogen Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[5]	15.3	16.2	17.2	-1.9 (1.12)	-0.9 (1.15)
Core Plus Noncore[5]	15.8	16.7	17.2	-1.4 (1.12)	-0.5 (1.14)
Aged 12 to 17					
Core Only (without Noncore Data)[5]	3.1	2.5[a]	4.5	-1.4 (0.93)	-2.0 (0.93)
Core Plus Noncore[5]	3.7	2.7	4.5	-0.9 (0.93)	-1.8 (0.93)
Aged 18 to 25					
Core Only (without Noncore Data)[5]	18.2	17.8	19.9	-1.6 (2.03)	-2.1 (1.99)
Core Plus Noncore[5]	20.3	19.4	19.9	0.5 (2.01)	-0.5 (2.00)
Aged 26 or Older					
Core Only (without Noncore Data)[5]	16.2	17.5	18.2	-1.9 (1.32)	-0.6 (1.36)
Core Plus Noncore[5]	16.4	17.8	18.2	-1.7 (1.32)	-0.4 (1.36)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] For the 2012 and 2013 comparison data, Core-Only estimates are based on use of any of the following: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; "Ecstasy," also called MDMA; or any other hallucinogen. Core Plus Noncore estimates are based on use of any of the hallucinogens from the core, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*. Combined QFT and DR estimates are based on use of any of the hallucinogens available in the Core Plus Noncore data for the 2012 and 2013 comparison data. The Core-Only estimate for the Combined QFT and DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.42 Misuse of Prescription Drugs or Methamphetamine in the Lifetime among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Prescription Drug Misuse[5,6]	21.3[a]	20.6[a]	14.8	6.5 (0.95)	5.8 (0.94)
Pain Reliever Misuse	14.4[a]	13.8[a]	12.0	2.5 (0.81)	1.8 (0.82)
Tranquilizer Misuse	9.4[a]	9.3[a]	5.6	3.8 (0.64)	3.7 (0.61)
Sedative Misuse	3.3	3.0	3.4	-0.1 (0.49)	-0.4 (0.49)
Stimulant Misuse, Standard Definition[6,7]	8.7	8.7	10.2	-1.5 (0.85)	-1.5 (0.87)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	4.3	N/A (N/A)	N/A (N/A)
Methamphetamine Use[5]	4.9[a]	4.8[a]	7.4	-2.6 (0.74)	-2.6 (0.75)
Illicit Drugs, Standard Definition[5,6,9]	49.3	50.3	48.8	0.5 (1.45)	1.4 (1.44)
Alternate Definition 3[10]	46.1	47.0	46.3	-0.2 (1.49)	0.7 (1.50)
Illicit Drugs Other Than Marijuana, Standard Definition[5,6,9]	30.7	30.4	31.2	-0.5 (1.26)	-0.8 (1.27)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the Combined 2012 QFT and 2013 DR.
[7] Estimate for the Combined 2012 QFT and 2013 DR includes data for methamphetamine and misuse of prescription stimulants.
[8] Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.
[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the Combined 2012 QFT and 2013 DR, both measures also included methamphetamine.
[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.42sp Misuse of Prescription Drugs or Methamphetamine in the Lifetime among Persons Aged 12 or Older for Spanish-Language Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 2,061)[1,2]	2013 Comparison (n = 998)[1,3]	2013 DR (n = 185)[1,4]	2012 Comparison vs. DR, Difference (SE)	2013 Comparison vs. DR, Difference (SE)
Prescription Drug Misuse[5,6]	9.1	9.3	9.0*	0.2 (4.54)	0.3 (4.35)
Pain Reliever Misuse	6.8	5.4	8.9*	-2.0 (4.43)	-3.4 (4.24)
Tranquilizer Misuse	2.9[a]	3.4[a]	0.1	2.8 (0.83)	3.3 (0.92)
Sedative Misuse	0.5	0.4	0.4*	0.1 (0.40)	-0.0 (0.46)
Stimulant Misuse, Standard Definition[6,7]	0.6	1.2	0.7*	-0.1 (0.76)	0.4 (0.85)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	0.7*	N/A (N/A)	N/A (N/A)
Methamphetamine Use[5]	0.3[a]	0.8[a]	0.0*	0.3 (0.16)	0.8 (0.37)
Illicit Drugs, Standard Definition[5,6,9]	18.6	16.6	19.9*	-1.3 (5.84)	-3.3 (5.86)
Alternate Definition 3[10]	11.7	9.6	14.4*	-2.7 (5.05)	-4.9 (5.27)
Illicit Drugs Other Than Marijuana, Standard Definition[5,6,9]	13.9	11.7	16.7*	-2.7 (6.08)	-4.9 (6.02)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] DR data collected from September 1 through October 31, 2013.
[5] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the 2013 DR.
[7] Estimate for the 2013 DR includes data for methamphetamine and misuse of prescription stimulants.
[8] Estimate for the 2013 DR includes data only for misuse of prescription stimulants.
[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the 2013 DR, both measures also included methamphetamine.
[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.43 Misuse of Prescription Drugs or Methamphetamine in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Prescription Drug Misuse[5,6]	6.3[a]	5.7[a]	8.0	-1.7 (0.67)	-2.3 (0.67)
Pain Reliever Misuse	4.7	4.1[a]	5.7	-1.0 (0.56)	-1.6 (0.56)
OxyContin® Misuse[7]	0.6	0.6	0.9	-0.3 (0.24)	-0.4 (0.25)
Tranquilizer Misuse	2.3	2.0	2.7	-0.3 (0.35)	-0.7 (0.36)
Sedative Misuse	0.2[a]	0.1[a]	0.8	-0.6 (0.20)	-0.7 (0.20)
Stimulant Misuse, Standard Definition[5,8]	1.3[a]	1.5[a]	2.5	-1.2 (0.36)	-1.0 (0.37)
Stimulant Misuse, QFT Definition[9]	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Methamphetamine Use[5]	0.4	0.5	0.7	-0.3 (0.17)	-0.2 (0.18)
Illicit Drugs, Standard Definition[5,6,10]	15.9	16.0	16.7	-0.8 (1.01)	-0.7 (1.02)
Alternate Definition 3[11]	13.1	13.6	12.9	0.1 (0.96)	0.7 (0.96)
Illicit Drugs Other Than Marijuana, Standard Definition[5,6,10]	8.1[a]	7.4[a]	9.8	-1.7 (0.75)	-2.4 (0.75)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the 2012 QFT and 2013 DR.
[7] Lifetime and Past Month misuse of OxyContin® are not shown because these estimates cannot be produced from the 2012 QFT and 2013 DR.
[8] Estimate for the Combined 2012 QFT and 2013 DR includes data for methamphetamine and misuse of prescription stimulants.
[9] Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.
[10] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the Combined 2012 QFT and 2013 DR, both measures also included methamphetamine.
[11] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.44 Misuse of Prescription Drugs or Methamphetamine in the Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Prescription Drug Misuse[5,6]	2.6	2.3	2.6	0.0 (0.35)	-0.3 (0.36)
Pain Reliever Misuse	1.9	1.7	1.7	0.2 (0.27)	-0.0 (0.29)
Tranquilizer Misuse	0.8	0.6	0.8	0.0 (0.20)	-0.2 (0.20)
Sedative Misuse	0.1	0.0	0.2	-0.1 (0.10)	-0.2 (0.10)
Stimulant Misuse, Standard Definition[5,7]	0.5	0.5	0.7	-0.3 (0.17)	-0.2 (0.18)
Stimulant Misuse, QFT Definition[8]	N/A	N/A	0.4	N/A (N/A)	N/A (N/A)
Methamphetamine Use[5]	0.1	0.2	0.4	-0.2 (0.14)	-0.2 (0.15)
Illicit Drugs, Standard Definition[5,6,9]	9.3	9.4	9.7	-0.4 (0.74)	-0.3 (0.76)
Alternate Definition 3[10]	7.9	8.3	8.2	-0.4 (0.70)	0.1 (0.71)
Illicit Drugs Other Than Marijuana, Standard Definition[5,6,9]	3.5	3.2	3.4	0.1 (0.39)	-0.1 (0.41)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Estimates of Any Prescription Drug Misuse, Stimulant Misuse, Methamphetamine Use, and Illicit Drug Use for the 2012 and 2013 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
[6] Prescription Drug Misuse includes pain reliever, tranquilizer, sedative, or stimulant misuse. Methamphetamine is included as a stimulant and a prescription drug for the 2012 and 2013 comparison data, but is not included for the Combined 2012 QFT and 2013 DR.
[7] Estimate for the Combined 2012 QFT and 2013 DR includes data for methamphetamine and misuse of prescription stimulants.
[8] Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.
[9] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics that was misused. For the Combined 2012 QFT and 2013 DR, both measures also included methamphetamine.
[10] Illicit drugs in this definition include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or methamphetamine, but do not include prescription-type psychotherapeutics that were misused. Because methamphetamine is included as a stimulant in the 2012 and 2013 comparison data, methamphetamine users in these data by definition also are misusers of stimulants and psychotherapeutics. However, comparison data respondents who misused psychotherapeutics but did not use methamphetamine are not included.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.45 Misuse of Stimulants in the Lifetime among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Standard Definition[5]	8.7	8.7	10.2	-1.5 (0.85)	-1.5 (0.87)
Standard Definition, Plus Noncore Adderall®[6]	10.3	10.3	10.2	0.1 (0.84)	0.1 (0.88)
QFT and DR Definition[7]	N/A	N/A	4.3	N/A (N/A)	N/A (N/A)
Aged 12 to 17					
Standard Definition[5]	2.1	2.1	2.1	-0.1 (0.60)	-0.0 (0.61)
Standard Definition, Plus Noncore Adderall®[6]	3.7[a]	3.6[a]	2.1	1.6 (0.60)	1.4 (0.61)
QFT and DR Definition[7]	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Aged 18 to 25					
Standard Definition[5]	10.5[a]	9.6[a]	15.3	-4.7 (1.79)	-5.6 (1.75)
Standard Definition, Plus Noncore Adderall®[6]	17.3	16.7	15.3	2.1 (1.82)	1.5 (1.79)
QFT Definition[7]	N/A	N/A	13.0	N/A (N/A)	N/A (N/A)
Aged 26 or Older					
Standard Definition[5]	9.2	9.3	10.3	-1.1 (1.02)	-1.1 (1.05)
Standard Definition, Plus Noncore Adderall®[6]	9.9	10.1	10.3	-0.4 (1.01)	-0.2 (1.05)
QFT and DR Definition[7]	N/A	N/A	3.2	N/A (N/A)	N/A (N/A)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] The Standard Definition for Stimulant Misuse for the 2012 and 2013 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the Combined 2012 QFT and 2013 DR includes data from the core modules for methamphetamine and stimulants.
[6] Estimates for the 2012 and 2013 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the Combined 2012 QFT and 2013 DR is repeated in the Standard Definition Plus Noncore Adderall® row.
[7] Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.46 Misuse of Stimulants in the Past Year among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Standard Definition[5]	1.3[a]	1.5[a]	2.5	-1.2 (0.36)	-1.0 (0.37)
Standard Definition, Plus Noncore Adderall®[6]	2.0	2.2	2.5	-0.4 (0.36)	-0.3 (0.38)
QFT and DR Definition[7]	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Aged 12 to 17					
Standard Definition[5]	1.5	1.4	1.6	-0.2 (0.54)	-0.2 (0.54)
Standard Definition, Plus Noncore Adderall®[6]	2.4	2.3	1.6	0.8 (0.53)	0.7 (0.55)
QFT and DR Definition[7]	N/A	N/A	1.5	N/A (N/A)	N/A (N/A)
Aged 18 to 25					
Standard Definition[5]	4.3[a]	3.9[a]	11.3	-6.9 (1.69)	-7.3 (1.70)
Standard Definition, Plus Noncore Adderall®[6]	7.7[a]	7.0[a]	11.3	-3.5 (1.74)	-4.2 (1.75)
QFT and DR Definition[7]	N/A	N/A	10.4	N/A (N/A)	N/A (N/A)
Aged 26 or Older					
Standard Definition[5]	0.8	1.1	1.2	-0.4 (0.28)	-0.1 (0.30)
Standard Definition, Plus Noncore Adderall®[6]	1.1	1.4	1.2	-0.1 (0.28)	0.2 (0.31)
QFT and DR Definition[7]	N/A	N/A	0.6	N/A (N/A)	N/A (N/A)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] The Standard Definition for Stimulant Misuse for the 2012 and 2013 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the Combined 2012 QFT and 2013 DR includes data from the core modules for methamphetamine and stimulants.
[6] Estimates for the 2012 and 2013 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the Combined 2012 QFT and 2013 DR is repeated in the Standard Definition Plus Noncore Adderall® row.
[7] Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.47 Misuse of Stimulants in the Past Month among Persons Aged 12 or Older with or without Noncore Adderall® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Standard Definition[5]	0.5	0.5	0.7	-0.3 (0.17)	-0.2 (0.18)
Standard Definition, Plus Noncore Adderall®[6]	0.7	0.8	0.7	-0.0 (0.18)	0.0 (0.19)
QFT and DR Definition[7]	N/A	N/A	0.4	N/A (N/A)	N/A (N/A)
Aged 12 to 17					
Standard Definition[5]	0.6	0.4	0.5	0.1 (0.27)	-0.1 (0.26)
Standard Definition, Plus Noncore Adderall®[6]	0.8	0.8	0.5	0.3 (0.27)	0.3 (0.27)
QFT and DR Definition[7]	N/A	N/A	0.4	N/A (N/A)	N/A (N/A)
Aged 18 to 25					
Standard Definition[5]	1.3	1.4	2.1	-0.9 (0.58)	-0.8 (0.58)
Standard Definition, Plus Noncore Adderall®[6]	2.3	2.2	2.1	0.1 (0.59)	0.1 (0.59)
QFT and DR Definition[7]	N/A	N/A	1.9	N/A (N/A)	N/A (N/A)
Aged 26 or Older					
Standard Definition[5]	0.3	0.4	0.5	-0.2 (0.19)	-0.1 (0.20)
Standard Definition, Plus Noncore Adderall®[6]	0.4	0.5	0.5	-0.1 (0.19)	0.0 (0.20)
QFT and DR Definition[7]	N/A	N/A	0.1	N/A (N/A)	N/A (N/A)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] The Standard Definition for Stimulant Misuse for the 2012 and 2013 comparison data includes data from the core stimulants module plus the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). The Standard Definition for Stimulant Misuse for the Combined 2012 QFT and 2013 DR includes data from the core modules for methamphetamine and stimulants.
[6] Estimates for the 2012 and 2013 comparison data include reports of stimulant misuse based on the Standard Definition plus noncore reports of misuse of the stimulant Adderall®. The Standard Definition estimate for the Combined 2012 QFT and 2013 DR is repeated in the Standard Definition Plus Noncore Adderall® row.
[7] Estimate for the Combined 2012 QFT and 2013 DR includes data only for misuse of prescription stimulants.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.48 Misuse of Sedatives in the Lifetime among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[5]	3.3	3.0	3.4	-0.1 (0.49)	-0.4 (0.49)
Core Plus Noncore[5]	5.3[a]	5.0[a]	3.4	1.9 (0.50)	1.6 (0.51)
Aged 12 to 17					
Core Only (without Noncore Data)[5]	0.7	0.5	0.6	0.1 (0.31)	-0.1 (0.32)
Core Plus Noncore[5]	1.6[a]	1.2[a]	0.6	1.0 (0.31)	0.6 (0.33)
Aged 18 to 25					
Core Only (without Noncore Data)[5]	1.3	1.2	2.0	-0.8 (0.69)	-0.9 (0.69)
Core Plus Noncore[5]	4.3[a]	4.0[a]	2.0	2.3 (0.68)	2.0 (0.71)
Aged 26 or Older					
Core Only (without Noncore Data)[5]	3.9	3.5	3.9	-0.0 (0.61)	-0.4 (0.61)
Core Plus Noncore[5]	5.9[a]	5.6[a]	3.9	2.0 (0.62)	1.7 (0.62)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2012 and 2013 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the Combined 2012 QFT and 2013 DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.49 Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[5]	0.2[a]	0.1[a]	0.8	-0.6 (0.20)	-0.7 (0.20)
Core Plus Noncore[5]	0.9	0.7	0.8	0.0 (0.20)	-0.2 (0.20)
Aged 12 to 17					
Core Only (without Noncore Data)[5]	0.3	0.2	0.6	-0.3 (0.31)	-0.4 (0.32)
Core Plus Noncore[5]	0.8	0.6	0.6	0.2 (0.30)	0.0 (0.32)
Aged 18 to 25					
Core Only (without Noncore Data)[5]	0.4	0.4	1.3	-0.9 (0.49)	-0.9 (0.50)
Core Plus Noncore[5]	1.5	1.2	1.3	0.2 (0.50)	-0.1 (0.51)
Aged 26 or Older					
Core Only (without Noncore Data)[5]	0.2[a]	0.1[a]	0.8	-0.6 (0.23)	-0.7 (0.23)
Core Plus Noncore[5]	0.8	0.6	0.8	-0.0 (0.24)	-0.2 (0.23)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2012 and 2013 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the Combined 2012 QFT and 2013 DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.50 Misuse of Sedatives in the Past Year among Persons Aged 12 or Older with or without Noncore Ambien® Data, by Age Group for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Age Group/Drug Measure	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Aged 12 or Older					
Core Only (without Noncore Data)[5]	0.1	0.0	0.2	-0.1 (0.10)	-0.2 (0.10)
Core Plus Noncore[5]	0.3	0.2	0.2	0.1 (0.10)	-0.1 (0.10)
Aged 12 to 17					
Core Only (without Noncore Data)[5]	0.1	0.1	0.1	0.0 (0.10)	-0.0 (0.10)
Core Plus Noncore[5]	0.2	0.2	0.1	0.1 (0.10)	0.1 (0.10)
Aged 18 to 25					
Core Only (without Noncore Data)[5]	0.2	0.0	0.1	0.1 (0.09)	-0.1 (0.09)
Core Plus Noncore[5]	0.4[a]	0.1	0.1	0.3 (0.10)	0.0 (0.09)
Aged 26 or Older					
Core Only (without Noncore Data)[5]	0.1	0.0	0.3	-0.2 (0.13)	-0.2 (0.13)
Core Plus Noncore[5]	0.3	0.2	0.3	0.0 (0.13)	-0.1 (0.12)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Core-Only estimates for all data sources are based on reports of sedative misuse from the core sedatives module. For the 2012 and 2013 comparison data, Core Plus Noncore estimates include reports of sedative misuse from the core sedatives module plus noncore reports of misuse of the sedative Ambien®. The Core-Only estimate for the Combined 2012 QFT and 2013 DR is repeated in the Core Plus Noncore row.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.51 Substance Dependence or Abuse in the Past Year among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews, by Survey Protocol: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Dependence or Abuse Measure	2012 Comparison (n = 55,232)[1,2]	2013 Quarters 3 and 4 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
DEPENDENCE					
Illicit Drugs[5]	2.0	1.8	1.9	0.1 (0.25)	-0.0 (0.24)
Marijuana	1.0	1.0	1.0	0.1 (0.18)	0.0 (0.18)
Hallucinogens	0.0[a]	0.0*	0.0	0.0 (0.01)	-0.0 (0.01)
Inhalants	0.0	0.0	0.0	0.0 (0.01)	0.0 (0.01)
Prescription Drugs[6]	0.8	0.7	0.8	0.0 (0.15)	-0.1 (0.16)
Pain Relievers	0.6	0.6	0.6	0.1 (0.13)	0.1 (0.14)
Stimulants Among Methamphetamine Users	0.1	0.0*	N/A	N/A (N/A)	N/A (N/A)
Methamphetamine	N/A	N/A	0.2	N/A (N/A)	N/A (N/A)
Illicit Drugs Other Than Marijuana[5]	1.2	0.9	1.0	0.1 (0.21)	-0.1 (0.21)
Illicit Drugs Excluding Marijuana[7]	1.0	0.8	0.9	0.1 (0.20)	-0.1 (0.21)
ABUSE					
Illicit Drugs[5]	0.8	0.6	0.7	0.1 (0.15)	-0.1 (0.16)
Marijuana	0.6	0.4	0.5	0.1 (0.12)	-0.1 (0.12)
Hallucinogens	0.1	0.0*	0.1	0.0 (0.03)	-0.1 (0.03)
Inhalants	0.0	0.0	0.0	0.0 (0.02)	0.0 (0.02)
Prescription Drugs[6]	0.3	0.2	0.3	-0.0 (0.11)	-0.1 (0.11)
Pain Relievers	0.2	0.1	0.2	0.0 (0.09)	-0.1 (0.08)
Illicit Drugs Other Than Marijuana[5]	0.4	0.2	0.3	0.0 (0.12)	-0.1 (0.11)
Illicit Drugs Excluding Marijuana[7]	0.3	0.2	0.4	-0.1 (0.13)	-0.2 (0.12)
DEPENDENCE OR ABUSE					
Illicit Drugs[5]	2.8	2.4	2.6	0.3 (0.30)	-0.1 (0.30)
Marijuana	1.6	1.4	1.5	0.2 (0.22)	-0.0 (0.23)
Hallucinogens	0.1[a]	0.0*	0.0*	0.1 (0.01)	0.0 (0.00)
Inhalants	0.0	0.0	0.0	0.0 (0.02)	0.0 (0.02)
Prescription Drugs[6]	1.0	0.8	1.1	-0.0 (0.19)	-0.2 (0.19)
Pain Relievers	0.8	0.8	0.8	0.1 (0.16)	0.0 (0.17)
Illicit Drugs Other Than Marijuana[5]	1.5	1.2	1.4	0.1 (0.23)	-0.2 (0.23)
Illicit Drugs Excluding Marijuana[7]	1.3	1.1	1.3	0.0 (0.23)	-0.2 (0.23)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; N/A = not applicable; QFT = Questionnaire Field Test.

NOTE: Dependence or abuse is based on definitions found in the 4th edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV).

[a] Difference between estimate and Combined 2012 QFT and 2013 DR is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] Illicit Drugs include marijuana/hashish, cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Illicit Drugs Other Than Marijuana include cocaine (including crack), heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics. Estimates for the Combined 2012 QFT and 2013 DR include relevant dependence or abuse data for methamphetamine.
[6] Estimates for Prescription Drugs include misuse of pain relievers, tranquilizers, stimulants, or sedatives. Estimates for the Combined 2012 QFT and 2013 DR do not include dependence or abuse data for methamphetamine.
[7] Illicit Drugs Excluding Marijuana include dependence or abuse for cocaine, heroin, hallucinogens, inhalants, or prescription-type psychotherapeutics and require respondents not to have corresponding dependence or abuse for marijuana. Estimates for the Combined 2012 QFT and 2013 DR include relevant dependence or abuse data for methamphetamine.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.52 Substance Use with a Needle in the Lifetime, Past Year, and Past Month among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance Used with a Needle/Period of Use	2012 Comparison (n = 55,232)[1,2]	2013 Quarters 3 and 4 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
USE OF HEROIN WITH A NEEDLE					
Lifetime	0.9	1.0	0.7	0.1 (0.27)	0.3 (0.27)
Past Year	0.2	0.1	0.1	0.0 (0.06)	0.0 (0.07)
Past Month	0.1[a]	0.0	0.0	0.1 (0.02)	0.0 (0.01)
USE OF COCAINE WITH A NEEDLE					
Lifetime	0.9	1.1	1.0	-0.2 (0.32)	0.0 (0.31)
Past Year	0.1[a]	0.1[a]	0.0*	0.1 (0.01)	0.1 (0.02)
Past Month	0.0[a]	0.0	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF METHAMPHETAMINE WITH A NEEDLE					
Lifetime	0.7	0.8	1.0	-0.2 (0.31)	-0.2 (0.30)
Past Year	0.1	0.1	0.2	-0.1 (0.09)	-0.1 (0.09)
Past Month	0.0	0.0	0.1	-0.1 (0.07)	-0.1 (0.07)
USE OF PRESCRIPTION STIMULANTS WITH A NEEDLE[5]					
Past Year	0.1[a]	0.1[a]	0.0*	0.1 (0.01)	0.1 (0.02)
Past Month	0.0[a]	0.0[a]	0.0*	0.0 (0.01)	0.0 (0.01)
USE OF HEROIN, COCAINE, METHAMPHETAMINE, OR PRESCRIPTION STIMULANTS WITH A NEEDLE[5]					
Past Year	0.2	0.2	0.2	0.0 (0.09)	0.0 (0.09)
Past Month	0.1	0.1	0.1	-0.0 (0.07)	-0.0 (0.07)

*Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

[5] Lifetime estimates involving use of prescription stimulants with a needle are not presented because only QFT and DR respondents who reported past year stimulant misuse are asked about use of stimulants with a needle and only about their use of stimulants with a needle in the past year or past month.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.53 Perceived Great Risk of Harm Associated with Substance Use among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Perception of Great Risk[1]	2012 Comparison (*n* = 55,232)[2,3]	2013 Comparison (*n* = 26,617)[2,4]	Combined 2012 QFT and 2013 DR (*n* = 3,012)[2,5]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
PERCEPTIONS OF GREAT RISK – CIGARETTES					
Smoke one or more packs per day	70.6	69.3	69.2	1.4 (1.38)	0.1 (1.36)
PERCEPTIONS OF GREAT RISK – MARIJUANA					
Smoke once a month	28.8	26.1[a]	29.1	-0.3 (1.35)	-2.9 (1.38)
Smoke once or twice a week	38.5	35.1	37.0	1.5 (1.43)	-1.9 (1.44)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Response categories for the Perceptions of Risk questions include "No risk," "Slight risk," "Moderate risk," and "Great risk." The estimates in this table correspond to persons reporting "Great risk." Respondents with unknown Perceptions of Risk data were excluded.

[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

[3] 2012 comparison data collected in quarters 1 through 4, 2012.

[4] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[5] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.54 Number of Years Since Last Use for Selected Substances among Lifetime Users Aged 12 to 49 for English-Language Non-Hispanic Interviews: Averages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance	2012 Comparison (n = 48,288)[1,2]	2013 Comparison (n = 23,236)[1,3]	Combined 2012 QFT and 2013 DR (n = 2,454)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Cigarettes	10.5	10.6	10.2	0.3 (0.49)	0.4 (0.51)
Alcohol	2.5[a]	2.5	3.2	-0.7 (0.35)	-0.7 (0.37)
Marijuana	9.9[a]	9.9[a]	8.6	1.3 (0.44)	1.4 (0.45)
Cocaine	10.5	10.6	10.6	-0.1 (0.70)	-0.0 (0.72)
Hallucinogens	11.3	11.4	11.0	0.3 (0.68)	0.4 (0.71)
Inhalants	13.7	14.4	14.8	-1.1 (0.89)	-0.3 (0.88)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.
NOTE: If respondents reported last using a substance more than 30 days ago but within the past 12 months, the number of years since last use was assumed to be zero, regardless of whether they reported last use more than a year ago based on the age, year, or month when they last used. In addition, the number of years since last use was set to zero for past month substance users, but they were not asked the questions pertaining to prior substance use.
NOTE: Within each set of data, sample sizes will vary by substance because nonusers of the substance were excluded from the analysis.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons. Sample sizes are for all respondents aged 12 to 49 after these exclusions had been made. Sample sizes for the specific drugs will vary based on the numbers of lifetime users.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.55 Received Substance Use Treatment in the Lifetime and Past Year and Types of Past Year Substance Use Treatment among Persons Aged 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Substance Use Treatment	2012 Comparison (n = 55,232)[1,2]	2013 Comparison (n = 26,617)[1,3]	Combined 2012 QFT and 2013 DR (n = 3,012)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
LIFETIME TREATMENT	6.3	6.3	6.6	-0.3 (0.65)	-0.3 (0.65)
PAST YEAR TREATMENT	1.4	1.4	1.3	0.2 (0.24)	0.1 (0.23)
Alcohol Use Only	0.6[a]	0.6[a]	0.3	0.3 (0.10)	0.3 (0.10)
Drug Use Only	0.4	0.4	0.5	-0.0 (0.14)	-0.1 (0.14)
Both Alcohol and Drug Use	0.4	0.4	0.4	-0.0 (0.14)	-0.1 (0.14)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.56 Adult Mental Health Treatment in the Past Year and Type of Facility Where Received Treatment among Persons Aged 18 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Past Year Mental Health Treatment[1]	2012 Comparison (*n* = 37,659)[2,3]	2013 Comparison (*n* = 18,007)[2,4]	Combined 2012 QFT and 2013 DR (*n* = 2,305)[2,5]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT	0.8	1.0	1.0	-0.2 (0.27)	-0.1 (0.26)
FACILITY TYPE – OVERNIGHT MENTAL HEALTH TREATMENT[6]					
Private or Public Psychiatric Hospital	0.2	0.2	0.2	-0.0 (0.18)	-0.1 (0.18)
Psychiatric Unit – General Hospital	0.2	0.2	0.2	0.0 (0.08)	0.0 (0.08)
Medical unit – General Hospital	0.2	0.3	0.3	-0.1 (0.12)	-0.0 (0.12)
Another Type of Hospital	0.1	0.1	0.1	-0.0 (0.11)	-0.0 (0.11)
Residential Treatment Center	0.1	0.1	0.0	0.0 (0.05)	0.1 (0.05)
Other Facility	0.1	0.1	0.2	-0.1 (0.08)	-0.1 (0.07)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Respondents with unknown mental health treatment information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[3] 2012 comparison data collected in quarters 1 through 4, 2012.
[4] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[5] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[6] Respondents could indicate multiple locations for treatment; thus, these response categories are not mutually exclusive.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.57 Youth Mental Health Treatment in the Past Year and Number of Nights Received Treatment among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Chi-Square Test Statistic and *P* Value, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Past Year Mental Health Treatment[1]	2012 Comparison (n = 17,573)[2,3]	2013 Comparison (n = 8,610)[2,4]	Combined 2012 QFT and 2013 DR (n = 707)[2,5]	2012 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value	2013 Comparison vs. Combined QFT and DR Chi-Square Statistic, *P* Value
STAYED OVERNIGHT IN HOSPITAL FOR MENTAL HEALTH TREATMENT				0.08, 0.7746	0.85, 0.3564
Yes	1.9	2.2	2.1		
No	98.1	97.8	97.9		
NUMBER OF NIGHTS IN HOSPITAL FOR MENTAL HEALTH TREATMENT				0.10, 0.9080	0.29, 0.7496
1 Night	49.9	50.5	54.5*		
2 to 6 Nights	28.4	27.5	26.0*		
7 or More Nights	21.6	21.9	19.5*		
STAYED OVERNIGHT IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT				0.27, 0.6032	0.24, 0.6222
Yes	0.9	1.1	1.4		
No	99.1	98.9	98.6		
NUMBER OF NIGHTS IN RESIDENTIAL TREATMENT CENTER FOR MENTAL HEALTH TREATMENT				0.21, 0.8079	0.41, 0.6630
1 Night	26.8	39.4	27.1*		
2 to 6 Nights	29.8	20.7	44.0*		
7 or More Nights	43.4	39.9	28.9*		

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[c] Interaction between the characteristic and survey is significant at the 0.05 level.

[1] Respondents with unknown mental health treatment information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[3] 2012 comparison data collected in quarters 1 through 4, 2012.
[4] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[5] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.58 Selected Mental Health Measures among Persons Aged 18 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Mental Health Measure	2012 Comparison (*n* = 37,659)[1,2]	2013 Comparison (*n* = 18,007)[1,3]	Combined 2012 QFT and 2013 DR (*n* = 2,305)[1,4]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Past Month SPD[5]	5.1[a]	5.0	4.0	1.1 (0.52)	1.0 (0.54)
Past Year SPD[5]	10.6	10.6	9.2	1.5 (0.78)	1.4 (0.77)
Past Year Thoughts of Suicide[6]	3.9	3.8	3.4	0.5 (0.53)	0.4 (0.52)
Past Year Suicide Plans[6]	1.2	1.2	0.8	0.3 (0.20)	0.4 (0.22)
Past Year Attempted Suicide[6]	0.5	0.5	0.4	0.1 (0.13)	0.1 (0.14)
Several Days or Longer Felt Sad, Empty, or Depressed[7]	31.3	31.2	30.8	0.5 (1.15)	0.4 (1.16)
Several Days When Most of the Day Felt Very Discouraged[7]	12.4	12.0	12.2	0.3 (1.20)	-0.1 (1.19)
Several Days or Longer Lost Interest in Things Usually Enjoyable[7]	4.2	4.0	5.8	-1.6 (0.97)	-1.8 (0.97)
Average Past Month Total K6 Score[8]	3.8	3.8	3.6	0.2 (0.12)	0.2 (0.12)
Average Past Year Worst K6 Total Score[8]	4.9	4.9	4.7	0.2 (0.16)	0.2 (0.16)
Average WHODAS Score (0 to 24)	3.7	3.7	3.4	0.2 (0.15)	0.2 (0.15)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; K6 = Kessler 6; QFT = Questionnaire Field Test; SPD = serious psychological distress; WHODAS = World Health Organization Disability Assessment Schedule.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] 2012 comparison data collected in quarters 1 through 4, 2012.
[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.
[5] SPD is defined as having a score of 13 or higher on the K6 scale.
[6] Respondents with unknown suicide information were excluded.
[7] Respondents with unknown depression information were excluded.
[8] The K6 score is derived from 12 questions asking the frequency that a respondent experienced symptoms of psychological distress. Six new questions were asked for the first time in 2008 to all respondents aged 18 or older about their past 30-day symptoms. Responses to these six questions are combined to produce the past month score ranging from 0 to 24. The original six questions are then only asked respondents who reported that there was a month in the past year when they felt more symptoms than they felt in the past 30 days, and a score ranging from 0 to 24 is produced. The maximum of these two scores is taken to create the past year K6 score.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.59 Adolescent Depression Characteristics among Persons Aged 12 to 17 for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Depression Characteristic[1]	2012 Comparison (*n* = 17,573)[2,3]	2013 Comparison (*n* = 8,610)[2,4]	Combined 2012 QFT and 2013 DR (*n* = 707)[2,5]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
Several Days or Longer Felt Sad, Empty or Depressed	42.9	44.5	41.5	1.4 (2.19)	3.0 (2.19)
Several Days When Most of the Day Felt Very Discouraged	8.6	8.1	8.1	0.5 (1.85)	0.0 (1.87)
Several Days or Longer Lost Interest in Things Usually Enjoyable	15.3	15.7	15.7	-0.3 (2.58)	0.0 (2.52)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Respondents with unknown depression information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[3] 2012 comparison data collected in quarters 1 through 4, 2012.
[4] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[5] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table 6.60 Arrested and Booked in the Lifetime and Past Year for Breaking the Law among Persons 12 or Older for English-Language Non-Hispanic Interviews: Percentages, Differences, and Standard Error of Differences, 2012 Comparison, 2013 Comparison, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal

Arrested and Booked[1]	2012 Comparison (*n* = 55,232)[2,3]	2013 Comparison (*n* = 26,617)[2,4]	Combined 2012 QFT and 2013 DR (*n* = 3,012)[2,5]	2012 Comparison vs. Combined QFT and DR, Difference (SE)	2013 Comparison vs. Combined QFT and DR, Difference (SE)
TIME PERIOD					
Lifetime	17.4	16.5	16.9	0.5 (1.06)	-0.4 (1.08)
Past Year	3.1	2.6	2.9	0.2 (0.36)	-0.2 (0.35)

*Low precision; estimate would be suppressed under NSDUH suppression rules.
DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[a] Difference between estimate and Combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Respondents with unknown arrested and booked information were excluded.
[2] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[3] 2012 comparison data collected in quarters 1 through 4, 2012.
[4] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.
[5] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

7. Selected Noncore Estimates for DR, Comparison Data, and External Data Sources

7.1 Overview of Selected DR Estimates Compared with Comparison Data and Other Survey Data

This chapter presents comparisons of estimates from the 2013 Dress Rehearsal (DR) with estimates from the 2012 comparison sample, the 2013 comparison sample and comparable sources of data other than the National Survey on Drug Use and Health (NSDUH). Comparable statistics from other surveys can be used as benchmark tools for evaluating the validity of estimates from the DR. Such comparisons take into consideration that the external data used in the comparison have their own error properties and influences, such as mode of administration. For example, survey modes vary by self-administration versus interviewer administration or use of paper-and-pencil questionnaires versus computer-assisted interviewing.

Section 7.2 presents comparisons between data from the DR with the comparison data and external data sources for items that were moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration for both the 2012 Questionnaire Field Test (QFT) and the DR. DR estimates for measures of income received from government income support assistance programs, health insurance coverage, employment, and family income are compared with estimates from the 2012 and 2013 NSDUH comparison samples and from external data sources, including the National Health Interview Survey (NHIS), the American Community Survey (ACS), and the Current Population Survey (CPS). In ***Section 7.3***, estimates from the DR for the height and weight items introduced in the 2012 QFT are compared with estimates from the NHIS and National Health and Nutrition Examination Survey (NHANES). In addition, items on health conditions, disabilities and English-language ability that were added to the QFT and DR are compared with estimates from the NHIS and ACS. ***Section 7.4*** presents comparisons for a new question on sexual orientation that was added to the DR questionnaire with estimates from two other surveys—the 2012 General Social Survey (GSS) and the 2006 to 2010 National Survey of Family Growth (NSFG).

7.2 Comparisons of Estimates for Items Moved from CAPI to ACASI Administration

For the QFT, questions in the income and health insurance coverage modules were administered in ACASI instead of CAPI. For some of these items, estimates from the QFT differed from estimates from the 2011 and 2012 NSDUH comparison samples and estimates from external data sources. In particular, QFT estimates differed from other data sources with respect to income received from government income support assistance programs, health insurance coverage, employment, and family income.

- QFT estimates for the receipt of Supplemental Security Income (SSI), food stamps, and welfare payments were generally higher than the estimates from the 2011 and 2012 comparison samples. The QFT estimates for SSI and food stamps were also higher than the estimates from external data sources (i.e., the NHIS and ACS).
- There were no statistically significant differences between the QFT estimates for employment status (full-time, part-time, unemployed, and other) and those from the 2011 and 2012 comparison samples. Unemployment rates from the QFT were also similar to those from the CPS.
- QFT estimates for private health insurance coverage (among those who were insured) were lower than the estimates from the 2011 and 2012 comparison samples and from the 2011 ACS and 2011 NHIS. In the QFT, 62.1 percent of those with insurance reported coverage through a private plan. Estimates for the NSDUH comparison samples and the external data sources ranged from 67.1 percent in the 2011 comparison sample to 68.7 percent in the 2011 NHIS.
- QFT estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels compared with the 2011 and 2012 comparison samples and the 2011 NHIS.

Although a decision was made to continue with CAPI administration of these modules for the 2015 survey, it is nevertheless of interest to the project to determine whether results from the QFT survey were generalizable to other field tests such as the DR. In this section, estimates from the DR sample are compared with those from the 2012 and 2013 quarters 3 and 4 comparison samples and estimates from external benchmark surveys.

In ***Table 7.1***, DR estimates for four types of received income or participation in government assistance programs for all persons aged 12 or older are presented with parallel estimates from the 2012 and 2013 comparison samples, the 2012 ACS, and the 2012 NHIS. Several notable comparisons can be observed from this table:

- For social security, the estimate for the DR sample (23.6 percent) was somewhat lower than that for the 2012 and 2013 comparison samples, the 2012 ACS, and the 2012 NHIS, all of which were about 26 or 27 percent. However, the difference between the DR estimate and both the 2012 and 2013 comparison sample estimates was not statistically significant. This is similar to results from the QFT. In the QFT, estimates for the receipt of social security were very similar across those in the 2011 and 2012 quarters 3 and 4 comparison samples and in the 2011 ACS and 2011 NHIS, all at about 27 percent, with no statistically significant differences between the QFT estimate and estimates for the 2011 and 2012 quarters 3 and 4 comparison samples.
- For SSI, the DR estimate for all persons aged 12 or older (8.0 percent) appeared to be higher than the estimates from the NHIS (5.4 percent) and the ACS (6.2 percent). The difference between the estimate of SSI from the DR sample and both the 2012 and 2013 comparison samples was not statistically significant. These results are similar to the results from comparisons of the QFT with the NSDUH comparison samples and external data sources. The QFT estimate for all persons aged 12 or older (9.4 percent) was especially higher than the estimates from the external sources

Table 7.1 Received Income and Program Participation among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and Other Surveys

Income and Program Participation	2012 Comparison[1,2] Percent (SE)	2013 Comparison[1,3] Percent (SE)	2013 DR[1,4] Percent (SE)	2012 ACS[5] Percent (SE)	2012 NHIS[6] Percent (SE)
Social Security	26.7 (0.44)	26.8 (0.49)	23.6 (2.13)	26.9 (0.05)	25.7 (0.33)
Supplemental Security Income (SSI)	7.6 (0.24)	7.7 (0.31)	8.0 (1.00)	6.2 (0.03)	5.4 (0.17)
Food Stamps	16.4[a] (0.30)	16.3[a] (0.49)	19.9 (1.47)	15.1 (0.05)	14.4 (0.30)
Welfare Payments	2.5 (0.12)	2.1[a] (0.12)	3.2 (0.52)	3.4 (0.02)	3.5 (0.14)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] DR data collected from September 1 through October 31, 2013.

[5] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, or persons in institutional group quarters.

[6] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; U.S. Census, American Community Survey, 2012; National Health Interview Survey (NHIS), 2012.

(5.0 percent for the 2011 NHIS and 6.0 percent from the 2011 ACS). Estimates for SSI from the other surveys were 5.0 percent in the 2011 NHIS and 7.6 percent in the 2012 quarters 3 and 4 comparison sample.

- The DR estimate for the receipt of assistance from food stamp programs[28] for all persons aged 12 or older (19.9 percent) was also generally higher than the estimates from the other data sources, ranging from 14.4 percent in the NHIS sample to 16.4 percent in the 2012 comparison sample. The difference between the estimate of food stamp receipt on the DR and both the 2012 and 2013 comparison samples was statistically significant. This result was similar to the finding from the QFT in which the estimate of participation in the QFT sample was higher than the estimate from the 2012 comparison sample. The difference between the DR estimate and the 2012 and 2013 comparison samples appeared slightly larger than the differences between the QFT estimate and the 2011 and 2012 comparison samples. If the comparison samples can be considered a point of reference, the difference increased from a 2 or 3 percentage point difference from the QFT to about a 3.5 percentage point difference in the DR sample.
- For receipt of welfare payments, such as those from Temporary Assistance for Needy Families (TANF), the DR estimate for all persons aged 12 or older (3.2 percent) was higher than the estimate from the 2012 comparison sample (2.5 percent) and the 2013 comparison sample (2.1 percent), but was similar to the ACS estimate (3.4 percent)

[28] Food stamp programs are now more commonly known as the Supplemental Nutrition Assistance Program (SNAP).

and the NHIS estimate (3.5 percent). This result was similar to the result from the QFT in which the QFT estimate was higher than the estimates from the 2011 and 2012 quarters 3 and 4 comparison samples, but similar to those from the ACS and NHIS. The difference between the DR estimate and the 2013 comparison sample estimate was statistically significant.

Estimates of participation in two programs—SSI and food stamps—appeared to be higher for the DR sample than in the 2012 and 2013 comparison samples as well as estimates from the NHIS and ACS. In addition, the estimate for the receipt of welfare payments in the DR sample was higher than those from the 2012 and 2013 comparison samples. These findings reinforce the results from the QFT, which suggested that QFT respondents were either somewhat lower overall in socioeconomic status or that the respondents in the QFT sample, even after weighting, were more likely than respondents in CAPI mode to report participation in these programs in ACASI mode.

In ***Table 7.2***, DR estimates for four employment categories for all persons aged 18 or older are presented with parallel estimates from the 2012 and 2013 comparison samples and the 2013 monthly samples for July through October from the 2013 CPS. A few comparisons can be observed from this table:

- For all persons aged 18 or older, the DR estimate of persons employed full time (48.6 percent) was slightly lower than both the 2012 comparison estimate (50.0 percent) and the 2013 comparison estimate (51.0 percent), and the differences were not statistically significant. The CPS estimate covering quarter 3 and the first month of quarter 4 (49.4 percent) was similar to the DR estimate as well.

Table 7.2 Levels of Current Employment among Persons Aged 18 or Older: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and CPS Data

Levels of Current Employment	2012 Comparison[1,2] Percent (SE)	2013 Comparison[1,3] Percent (SE)	2013 DR[1,4] Percent (SE)	2013 CPS Q3 & Q4[1] Percent (SE)
CURRENT EMPLOYMENT				
Full-Time	50.0 (0.45)	51.0 (0.69)	48.6 (2.17)	49.4 (0.09)
Part-Time	14.0 (0.28)	14.0 (0.36)	14.0 (1.45)	10.9 (0.56)
Unemployed	5.8 (0.17)	4.5[a] (0.17)	6.2 (0.83)	4.5 (0.04)
Other[5]	30.2 (0.39)	30.5 (0.58)	31.2 (2.06)	35.2 (0.09)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; DR = Dress Rehearsal; SE = standard error.

[1] Sample does not include Alaska or Hawaii.

[2] 2012 comparison data collected in quarters 1 through 4, 2013.

[4] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[3] DR data collected from September 1 through October 31, 2013.

[5] The "other" employment category includes students, person keeping house or caring for children full time, retired or disabled persons, or other persons not in the labor force.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; Bureau of Labor Statistics and U.S. Census Bureau, Current Population Survey, 2013.

- For all persons aged 18 or older, the DR estimate of persons employed part time (14.0 percent) was the same as both the 2012 and 2013 comparison sample estimates, but both of these estimates appeared to be greater than the estimate of 10.9 percent from the CPS.
- The DR estimate for being unemployed for all persons aged 18 or older (6.2 percent) was slightly higher than the 2013 quarters 3 and 4 CPS estimate (4.5 percent), but it was similar to the 2012 comparison estimate (5.8 percent). Furthermore, the difference between the 2012 comparison sample and the DR estimate was not statistically significant. The difference between the DR estimate and the 2013 comparison sample estimate (4.5 percent) was statistically significant.
- For all persons aged 18 or older, the DR estimate of persons with an employment status of "other" (31.2 percent), such as being retired or otherwise not in the labor force, was lower than the 2013 quarters 3 and 4 CPS estimate (35.2 percent), but it was similar to the 2012 comparison estimate (30.2 percent) and 2013 comparison sample estimate (30.5 percent).

Table 7.3 provides unemployment rate estimates among persons aged 18 or older for three age groups for the DR sample, the 2012 and 2013 comparison samples, and the 2013 quarters 3 and 4 CPS. DR unemployment rate estimates were similar to the 2012 comparison sample and the 2013 quarters 3 and 4 CPS for all persons aged 18 or older and for persons aged 18 to 25. Unemployment rate estimates for the DR sample were higher than the other two estimates for persons aged 26 or older. Overall, comparisons between the DR and the other sources of survey data on employment status and unemployment rates showed generally similar estimates for these measures. No statistically significant differences between the DR and the 2012 comparison sample were uncovered in these analyses for current employment status and the unemployment rate. However, the difference between the unemployment rate estimate for the DR sample and the 2013 comparison sample estimate (6.4 percent) was statistically significant.

Table 7.3 Unemployment Rates among Persons Aged 18 or Older, by Age Group: Percentages and Standard Errors for 2012 Comparison, 2013 Comparison, 2013 Dress Rehearsal, and CPS Data

Age Group	2012 Comparison[1,2] Percent (SE)	2013 Comparison[1,3] Percent (SE)	2013 DR[1,4] Percent (SE)	2013 CPS Q3 & Q4[1] Percent (SE)
18 or Older	8.3 (0.24)	6.4[a] (0.25)	9.0 (1.21)	7.0 (0.06)
18 to 25	15.3 (0.45)	13.9 (0.56)	15.4 (2.43)	13.4 (0.22)
26 or Older	6.9 (0.27)	5.0 (0.28)	7.8 (1.41)	5.9 (0.58)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

CPS = Current Population Survey; DR = Dress Rehearsal; SE = standard error.

[a] Difference between estimate and corresponding 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] DR data collected from September 1 through October 31, 2013.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; Bureau of Labor Statistics and U.S. Census Bureau, Current Population Survey, 2013.

In ***Table 7.4***, DR estimates for four types of health insurance coverage for all persons aged 12 or older are presented with parallel estimates from the 2012 and 2013 comparison samples, the 2012 ACS, and the 2012 NHIS. A few notable comparisons can be highlighted from this table:

- For all persons aged 12 or older, estimates for the first three types of health insurance coverage—Medicare; Medicaid; and TRICARE, CHAMPUS, CHAMPVA, or other military health care sources—are generally different across the four sources of estimates. For Medicare coverage, the DR estimate was the highest estimate, although the differences between the DR estimate and those from the 2012 and 2013 comparison samples were not statistically significant. Also, the DR estimate for Medicaid coverage for all persons aged 12 or older (15.4 percent) was slightly higher than the parallel estimates from both the 2012 and 2013 comparison samples (12.1 and 12.6 percent, respectively), the NHIS (11.7 percent), and the ACS (13.5 percent). The differences between the DR estimate for Medicaid coverage and those from the 2012 and 2013 comparison samples were statistically significant.
- In addition, the DR estimate for health insurance coverage through TRICARE, CHAMPUS, or other military health care sources for all persons aged 12 or older (3.4 percent) was lower than the estimates from the other four data sources. However, the differences between the DR estimate and the estimates from the 2012 and 2013 comparison samples (4.8 and 4.4 percent, respectively) were not statistically significant.

Table 7.4 Health Insurance Coverage among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison Data, 2013 Comparison Data, 2013 Dress Rehearsal, and Other Surveys

Health Insurance Coverage	2012 Comparison[1,2] Percent (SE)	2013 Comparison[1,3] Percent (SE)	2013 DR[1,4] Percent (SE)	2012 ACS[5] Percent (SE)	2012 NHIS[6] Percent (SE)
Medicare	18.2 (0.35)	18.6 (0.52)	20.0 (2.00)	18.3 (0.01)	17.7 (0.23)
Medicaid	12.1[a] (0.25)	12.6[a] (0.33)	15.4 (1.28)	13.5 (0.03)	11.7 (0.20)
TRICARE, CHAMPUS, CHAMPVA, VA, Military Health Care	4.8 (0.20)	4.4 (0.25)	3.4 (0.79)	4.7 (0.02)	3.6 (0.12)
Private Health Insurance	64.5[a] (0.43)	65.5[a] (0.51)	56.4 (2.07)	65.4 (0.07)	65.6 (0.38)
Uninsured	15.2 (0.27)	14.5 (0.35)	16.8 (1.55)	16.3 (0.06)	16.5 (0.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error; VA = Department of Veterans Affairs.

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

[1] Sample does not include Alaska or Hawaii.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] DR data collected from September 1 through October 31, 2013.

[5] Sample does not include persons residing in Alaska or Hawaii, active-duty military personnel, or institutional group quarters.

[6] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; U.S. Census, American Community Survey, 2012; National Health Interview Survey (NHIS), 2012.

- For all persons aged 12 or older, the DR estimate (56.4 percent) for private health insurance was lower than the estimates from the other four data sources, which were very similar to each other, ranging from 64.5 percent in the 2012 comparison sample to 65.6 percent in the NHIS sample. This finding is similar to a result from the QFT, which found that estimates of private insurance coverage in the QFT were much lower than those in the comparison samples and the benchmark surveys.

Benchmarking DR estimates for four types of health insurance coverage to both recent NSDUH data and other national survey data revealed some results that were similar to those found for the QFT. Across all age groups, the largest and most consistent differences between the QFT estimates and estimates from the other four data sources were observed for private health insurance. In the QFT, there were small differences in estimates of Medicare coverage, while the differences were larger (but not statistically significant) between the DR estimates and those for the other four data sources. As with results from the QFT, differences in estimates for military coverage in the DR sample and the NSDUH comparison samples were not statistically significant. However, the DR estimate (3.4 percent) was very similar to the 2012 NHIS estimate of 3.6 percent, while the QFT estimate of 5.0 percent appeared higher than the 2011 NHIS estimate of 3.5 percent. Finally, the estimate for Medicaid coverage in the DR sample was higher than in the other four data sources, and this was similar to what was found in the QFT.

In ***Table 7.5***, DR estimates for three income categories for all persons aged 12 or older are presented with parallel estimates from the 2012 and 2013 comparison samples and the 2012 NHIS. For all persons aged 12 or older, the DR estimate for a family income of $49,999 or lower (61.3 percent) appeared to be considerably higher than the estimates from the 2012 comparison sample (51.0 percent), the 2013 comparison sample (50.2 percent), and the NHIS (47.7 percent). Correspondingly, the DR estimate for the percentage of persons aged 12 or older with a family income of $75,000 or greater was lower than the estimates for the 2012 comparison sample, the 2013 comparison sample, and the NHIS. These differences were much larger than the similar patterns reported with respect to the QFT. For all persons aged 12 or older, the QFT estimate for

Table 7.5 Income among Persons Aged 12 or Older: Percentages and Standard Errors for 2012 Comparison Data, 2013 Comparison Data, 2013 Dress Rehearsal, and 2013 NHIS

Income	2012 Comparison[1,2] Percent (SE)	2013 Comparison[1,3] Percent (SE)	2013 DR[1,4] Percent (SE)	2012 NHIS[5] Percent (SE)
< $49,999	51.0[a] (0.51)	50.2[a] (0.79)	61.3 (2.62)	47.7 (0.48)
$50,000 to $74,999	16.4 (0.27)	17.0 (0.46)	14.9 (1.23)	17.6 (0.32)
$75,000 or More	32.6[a] (0.50)	32.8[a] (0.71)	23.8 (2.10)	34.7 (0.48)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error.

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

[1] Sample does not include Alaska or Hawaii.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] DR data collected from September 1 through October 31, 2013.

[5] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013; National Health Interview Survey (NHIS), 2012.

a family income of $49,999 (52.1 percent) or less was only slightly higher than the 2011 and 2012 quarters 3 and 4 comparison estimate and moderately higher than the 2011 NHIS estimate (46.5 percent).

Overall, the DR estimates resulted in higher proportions of persons at lower income levels and lower proportions at higher income levels compared with the other sources of survey data. As with the QFT, this difference may account for some of the observed differences between the DR estimates and those from the other data sources for those items that were the most highly correlated with income level.

7.3 Comparisons of Estimates for Items New to the QFT and DR Instruments

This section reports on comparisons between estimates from the DR sample with estimates from external data sources for items that were introduced in the QFT and then repeated for the DR. Included are items on self-reported height and weight, a question that asks respondents whether a doctor or other health care professional had ever told them whether they had one or more of nine health conditions, six items on disabilities and physical limitations, and an item on English-language ability.

Questions on height and weight were introduced in the QFT, and these questions were repeated for the DR. Comparisons were carried out with two benchmark data sources—the 2012 NHIS and the 2009-2010 and 2011-2012 NHANES). The latter source provides self-reported height and weight data and physical measurements of both. Comparisons were limited to estimates from respondents aged 16 or older because the NHANES only has self-reported height and weight for persons aged 16 or older. For the DR and comparison NSDUH data, height and weight estimates were produced with and without using NHIS coding rules. Also, at the time of this analysis, self-reported measures of height and weight on the NHANES were not available yet for the 2011-2012 NHANES.

In addition, because the coding of NHIS height and weight data includes specific lower and upper bounds, the DR estimates for height and weight were calculated both unbounded and bounded in accordance with NHIS criteria. The second calculation provided a more equivalent comparison between the DR and 2012 NHIS data. The summary statistics for height presented in ***Table 7.6*** and the summary statistics for weight presented in ***Table 7.7*** provided some sense of how the DR statistics for these new questionnaire items compared with other national surveys.

- Both the unbounded DR mean height estimate (66.6 inches) and the NHIS-bounded DR mean height estimate (66.5 inches) were very similar to the NHIS mean height estimate (66.9 inches), the NHANES directly measured mean height estimate (66.4 inches), and the NHANES self-reported mean height estimate (66.9 inches).
- The unbounded DR mean weight estimate (176.3 pounds) was similar to both the self-reported and measured weight estimates based on the NHANES, whereas the NHIS-bounded DR mean weight estimate (176.0 pounds) was similar to the NHIS measure of mean weight estimate (174.2 pounds).

Table 7.6 2012 NHIS, 2009-2010 NHANES, and 2011-2012 NHANES Height Statistics among Persons Aged 16 or Older for Comparison with the 2013 Dress Rehearsal

Statistic	2013 DR[1,2]		2012 NHIS[4,5]	NHANES[5]	
	Unbounded	NHIS Bounds[3]		2009-2010 Self-Reported	2011-2012 Measured
Sample Size	1,704	1,695	33,465	6,730	5,839
Mean	66.6	66.5	66.9	66.9	66.4
Standard Error	0.11	0.11	0.03	0.07	0.11
Minimum	30.7	30.7	58.0	41.0	52.95
Maximum	107.0	76.0	76.0	81.0	80.51
Median	66.0	66.0	66.18	66.19	66.30

DR = Dress Rehearsal; NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey.

NOTE: Answers in metric units (i.e., meters, centimeters) were converted to inches.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Includes values up to 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the weighted 1½ and 98½ percentiles for height were computed by age/gender. Respondents with values outside of these bounds were excluded from the estimates.

[4] For adults, these include values of 76 inches for men aged 18 or older and 70 inches for women aged 18 or older. For children, the gender-specific height-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

[5] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2012.

Table 7.7 2012 NHIS, 2009-2010 NHANES, and 2011-2012 NHANES Weight Statistics among Persons Aged 16 or Older for Comparison with the 2013 Dress Rehearsal

Statistic	2013 DR[1,2,3]		2012 NHIS[5,6,7]	NHANES[7]	
	Unbounded	NHIS Bounds[4]		2009-2010 Self-Reported	2011-2012 Measured
Sample Size	1,707	1,699	32,686	6,741	5,838
Mean	176.3	176.0	174.2	177.4	178.9
Standard Error	1.12	1.04	0.31	0.89	1.13
Minimum	39.7	95.0	90.0	76.0	64.15
Maximum	463.0	300.0	299.0	670.0	476.4
Median	172.0	172.0	169.6	171.1	173.1

DR = Dress Rehearsal; NHANES = National Health and Nutrition Examination Survey; NHIS = National Health Interview Survey.

NOTE: Answers in metric units (i.e., kilograms) were converted to pounds.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 12 to 44.

[4] For persons aged 18 or older, these include values between 126 and 299 pounds for men and 100 and 274 pounds for women. For children, the weighted 1½ and 98½ percentiles for weight were computed by gender and age. Respondents with values outside of these bounds were excluded from the estimates.

[5] For persons aged 18 or older, includes values between 126 and 299 pounds for men and between 100 and 274 pounds for women. For children, the gender-specific weight-for-age values of the highest 1½ percent of records and the lowest 1½ percent of records were changed to "96" or "996" ("Not available"). In cases where extreme values were reported for either current height or current weight, the data for both variables were changed to "96" or "996" ("Not available") on the public use data file.

[6] Pregnant women were asked to report their pre-pregnancy weight. Pregnancy status available for women aged 20 to 44.

[7] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; CDC, National Center for Health Statistics, National Health and Nutrition Examination Survey (NHANES), 2009-2010; National Health Interview Survey (NHIS), 2012.

Overall, the DR height and weight estimates aligned closely to the estimates from the 2012 NHIS and the 2009-2010 NHANES and 2011-2012 NHANES, both self-reported and directly measured.

A new series of questions added to the QFT questionnaire and repeated in the DR questionnaire asked respondents whether a doctor or other health care professional had ever told them whether they had one or more of nine health conditions, as shown in ***Table 7.8***. The QFT and 2011 NHIS estimates were generally similar for some conditions, but significant differences were observed for a few conditions, with the QFT estimates being lower than NHIS estimates. Estimates from the QFT and 2011 NHIS were similar for any kind of heart condition or heart disease, diabetes or sugar diabetes, and kidney disease. For most of the other conditions, the QFT estimates appeared to be lower than the 2011 NHIS estimates.

- The difference between the QFT and 2011 NHIS estimates for ever having been diagnosed with hypertension or high blood pressure was the largest absolute difference, and the comparison between the DR and 2012 NHIS produced a similar result; 15.8 percent of DR respondents reported ever having been diagnosed with hypertension or high blood pressure, while 29.7 percent of NHIS respondents reported ever having been diagnosed.
- In the comparison between the QFT and the 2011 NHIS, estimates for ever having been diagnosed with any kind of heart condition or heart disease were very similar (10.4 percent for the QFT sample and 10.8 percent for the 2011 NHIS). The difference for the comparison between the DR sample and the 2012 NHIS was larger (8.4 percent for the DR sample vs. 10.5 percent for the 2012 NHIS).

A key difference between the QFT and DR instruments on the one hand and the NHIS instrument is that in the NSDUH instruments, the health conditions were treated as response categories in a "code all that apply" format, whereas in the NHIS instrument the parallel categories were administered as separate, individual items.

Another new series of questions added to the QFT instrument asked respondents whether they had any of six types of disabilities or physical limitations. Estimates from the QFT and 2011 NHIS were very similar for being deaf or having serious hearing difficulty, being blind or having serious difficulty seeing, and having serious difficulty concentrating, remembering, or making decisions. QFT estimates appeared to be significantly lower than the comparable 2011 NHIS estimates for the following disabilities or physical limitations: having serious difficulty walking or climbing stairs, having difficulty dressing or bathing, and having difficulty doing errands alone, such as visiting a doctor's office or shopping. Comparisons between DR estimates and the 2012 NHIS produced more similar results than comparisons between the QFT estimates and 2011 NHIS with one notable exception. The QFT estimate for serious difficulty concentrating, remembering, or making decisions (6.6 percent) was very similar to the 2011 NHIS estimate of 6.2 percent. As shown in ***Table 7.9***, the DR estimate was 8.9 percent, while the 2012 NHIS estimate was only 4.5 percent. Estimates for these disabilities and physical limitations from the 2012 ACS are also presented in ***Table 7.9***. For most items, ACS estimates were lower than those from the DR. The exceptions were for difficulty dressing or bathing and difficulty doing errands alone, such as visiting a doctor's office or shopping.

Table 7.8 Conditions Told to Respondent by Doctor or Other Health Professional among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal and 2012 National Health Interview Survey

Condition	2013 DR[1,2] Percent (SE)	2012 NHIS[3] Percent (SE)
Any kind of heart condition or heart disease	8.4 (1.19)	10.5 (0.20)
Diabetes or sugar diabetes	8.9 (1.06)	8.1 (0.16)
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	4.2 (0.89)	5.5 (0.16)
Cirrhosis of the liver	0.2 (0.16)	1.3 (0.08)
Hepatitis	1.7 (0.50)	3.0 (0.11)
Kidney disease, not including bladder infection or incontinence	2.3 (0.70)	1.9 (0.90)
Asthma	11.1 (1.18)	13.2 (0.23)
Cancer or a malignancy of any kind	4.8 (0.88)	8.2 (0.18)
Hypertension, also called high blood pressure	15.8 (1.67)	29.7 (0.37)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; NHIS = National Health Interview Survey; SE = standard error.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; CDC, National Center for Health Statistics, National Health Interview Survey, 2012.

Table 7.9 Disabilities or Physical Limitations among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal, 2012 National Health Interview Survey, and 2012 American Community Survey

Disability or Physical Limitation	2013 DR[1,2,3] Percent (SE)	2012 NHIS[3] Percent (SE)	2012 ACS[1] Percent (SE)
Deaf or serious hearing difficulty	4.5 (0.72)	4.9 (0.46)	3.9 (0.02)
Blind or serious difficulty seeing	4.2 (0.71)	4.0 (0.42)	2.4 (0.01)
Serious difficulty concentrating, remembering, or making decisions	8.9 (1.03)	4.5 (0.42)	5.1 (0.02)
Serious difficulty walking or climbing stairs	10.3 (1.39)	10.7 (0.65)	7.6 (0.02)
Difficulty dressing or bathing	2.8 (0.57)	3.3 (0.39)	2.8 (0.01)
Difficulty doing errands alone, such as visiting a doctors' office or shopping[4]	4.4 (0.75)	5.8 (0.50)	5.6 (0.02)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; NHIS = National Health Interview Survey; ACS = American Community Survey.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Unknown or invalid data were excluded from the analysis.

[4] Estimates are for persons aged 15 or older.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; National Health Interview Survey (NHIS), 2012; American Community Survey (ACS), 2012.

Another item added to the QFT questionnaire and repeated in the DR questionnaire was an item that assessed respondents' capabilities in speaking English. Item QD55 asks, "How well do you speak English?" The ACS questionnaire contains the same question, but it is only asked if there is a response of "yes" to the preceding item, which asks if the person speaks a language other than English at home. Those who do not speak a language other than English at home are skipped out of the question on English-language ability. The ACS estimates shown in ***Table 7.10*** are based on classifying those who answered "no" to the preceding question as those who speak English "very well." Because of the skip pattern in the ACS sequence, it would be expected that at best only a rough approximation can be made; not all of the ACS respondents who were skipped out of the English proficiency item would have answered "very well" to that question. Also, a DR respondent who chose "not at all" would most likely have been asked the ACS question because they would most likely have reported that another language was used in the home.

Table 7.10 English-Speaking Proficiency among Persons Aged 12 or Older: Percentages and Standard Errors, 2013 Dress Rehearsal and 2012 ACS

How well do you speak English? (QD55)	2013 DR[1,2,3] Percent (SE)	2012 ACS[1,4] Percent (SE)
Very well	83.6 (1.40)	91.2 (0.03)
Well	10.9 (1.16)	4.0 (0.02)
Not well	4.5 (0.68)	3.3 (0.02)
Not at all	1.0 (0.25)	1.5 (0.01)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

ACS = American Community Survey; DR = Dress Rehearsal; SE = standard error.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Unknown or invalid data were excluded from the analysis.

[4] ACS item is only asked if there is a response of "yes" to the preceding question: "Does this person speak a language other than English at home?" The estimate shown here for the ACS classifies those who answered "no" to the preceding question as those who speak English "very well."

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; American Community Survey (ACS), 2012.

7.4 Comparisons of Estimates from Items New to the DR Instrument

For the DR, two items on sexual attraction and identity were added:

QD62 People are different in their sexual attraction to other people. Which statement best describes your feelings?

[IF QD01=5] (asked of males)
1 I am only attracted to females
2 I am mostly attracted to females
3 I am equally attracted to females and males
4 I am mostly attracted to males
5 I am only attracted to males
6 I am not sure

DK/REF

[IF QD01=9] (asked of females)
1 I am only attracted to males
2 I am mostly attracted to males
3 I am equally attracted to males and females
4 I am mostly attracted to females
5 I am only attracted to females
6 I am not sure

QD63 Which one of the following do you consider yourself to be?

1 Heterosexual, that is, straight
2 [IF QD01=9 THEN "Lesbian or] Gay"
3 Bisexual
DK/REF

There appear to be few public use datasets that can be used to produce estimates comparable with those from the DR sample. The NHIS began asking a question similar to QD63 in 2013, but its estimates and data are not currently available. Gates (2011) reviewed a number of survey-based estimates of sexual orientation, including the 2006-2008 NSFG and the 2008 GSS. Public use data from the NSFG (through 2010) do not appear to include these items. The 2012 GSS item on sexual orientation asks, "Which of the following best describes you," with response categories of (1) gay, lesbian, or homosexual; (2) bisexual; or (3) heterosexual or straight. Estimates (and complex sample standard errors) for persons aged 18 or older, as well as by age groups, were produced using an online data analysis tool.

Table 7.11 presents estimates for the new item on sexual identity (QD63) and those from the 2012 GSS both overall for persons aged 18 or older and separately for males and females. In general, these estimates appear similar to each other, suggesting that these items can be used to obtain valid estimates on sexual orientation.

Table 7.12 presents estimates of sexual identity for persons aged 18 to 44 years old for the DR and GSS data and published estimates from the 2006 to 2010 NSFG (Chandra, Copen, & Moser, 2013). The published NSFG estimates reflect the presence of responses of "something else" and those who did not provide a response whereas the DR and GSS estimates drop cases with invalid or missing data and compute percentages based only on those who provided valid responses. In general, estimates for the sexual identity item appear similar to those from the GSS and NSFG suggesting that the item can be used to obtain valid estimates of this construct.

Table 7.11 Sexual Identity among Persons Aged 18 or Older, by Gender: Percentages and Standard Errors for 2013 Dress Rehearsal and 2012 GSS Data

Gender and Age / Sexual Identity	2013 DR[1,2,3] Percent (SE)	2012 GSS[3] Percent (SE)
All 18 or Older		
Heterosexual	96.0 (0.67)	96.9 (0.28)
Lesbian or Gay	1.3 (0.34)	1.5 (0.19)
Bisexual	2.7 (0.53)	1.6 (0.18)
Males, 18 or Older		
Heterosexual	97.7 (0.74)	97.3 (0.35)
Gay	1.3 (0.46)	1.7 (0.26)
Bisexual	1.0 (0.45)	1.0 (0.22)
Females, 18 or Older		
Heterosexual	94.5 (1.08)	96.6 (0.35)
Lesbian or Gay	1.3 (0.50)	1.3 (0.24)
Bisexual	4.2 (0.94)	2.1 (0.25)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; GSS = General Social Survey; SE = standard error.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Unknown or invalid data were excluded from the analysis.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; NORC, General Social Survey, 2012.

Table 7.12 Sexual Identity among Persons Aged 18 to 44, by Gender: Percentages and Standard Errors for 2013 Dress Rehearsal and 2012 GSS Data

Gender and Age / Sexual Identity	2013 DR[1,2,3] Percent (SE)	2012 GSS[3] Percent (SE)	2006 – 2010 NSFG[4] Percent (SE)
All, 18 to 44			
Heterosexual	94.8 (0.88)	95.7 (0.45)	-
Lesbian or Gay	1.9 (0.57)	1.8 (0.27)	-
Bisexual	3.4 (0.58)	2.5 (0.34)	-
Males, 18 to 44			
Heterosexual	96.6 (1.22)	96.6 (0.57)	95.6 (0.4)
Gay	1.9 (0.80)	1.9 (0.41)	1.8 (0.2)
Bisexual	1.5 (0.74)	1.5 (0.42)	1.2 (0.2)
Females, 18 to 44			
Heterosexual	92.9 (1.33)	94.9 (0.60)	93.6 (0.4)
Lesbian or Gay	1.8 (0.84)	1.7 (0.40)	1.2 (0.2)
Bisexual	5.3 (0.92)	3.4 (0.45)	3.9 (0.3)

* Low precision; estimate would be suppressed under NSDUH suppression rules.

DR = Dress Rehearsal; GSS = General Social Survey; SE = standard error.

[1] Sample does not include Alaska or Hawaii.

[2] DR data collected from September 1 through October 31, 2013.

[3] Unknown or invalid data were excluded from the analysis.

[4] Estimates do not account for unknown or invalid data.

Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2013; NORC, General Social Survey, 2012; Chandra, Copen and Mosher (2013).

7.5 Summary of Comparisons between DR, Comparison Data, and External Data

Overall, two key differences in estimates between the QFT sample and the comparison samples remained in place based on a preliminary analysis of data from the DR sample. One group of differences suggests that the DR sample members were more associated with lower socioeconomic status than respondents in other surveys, including the NSDUH-based comparison datasets. It appears that changes introduced in the DR questionnaire for some of these items did not have any impact on the results of these comparisons with external data sources.

- DR estimates for those participating in means-tested government programs, such as food stamps and SSI, were significantly higher than those for the 2012 and 2013 comparison data and for the external benchmark data sources. This is similar to findings from the QFT. Similarly, the DR estimate of the percentage of persons with private insurance remained well below that of the other data sources in these comparisons, as was observed in the QFT.
- The DR sample yielded a higher percentage of persons with family incomes of less than $50,000 when compared with either the 2012 and 2013 comparison data files or the NHIS benchmark external source. This finding is similar to what was reported for the QFT, but the magnitude of the difference was larger in the DR than in the QFT.

Another key finding from the QFT was that the NSDUH item on ever having been diagnosed with specific health conditions produced estimates that were generally lower than those from the NHIS, and this finding was repeated in the DR field test. This may be due to the NSDUH items being assessed using a single question with a "code all that apply" format, whereas the NHIS asks about each condition in separate questions.

Comparisons between DR estimates and external data sources also provided information to further develop items added to both the QFT and the DR instruments.

- Data on self-reported height and weight gathered from the DR generally appeared to be consistent with data from the NHIS and NHANES.
- DR estimates on six disability items were generally consistent with estimates from the NHIS and ACS. A notable exception was that the DR estimate for serious difficulty concentrating, remembering, or making decisions was higher than estimates from the benchmark data sources and from the QFT. The DR estimates on sexual identity (heterosexual, gay/lesbian, or bisexual) appeared to be consistent with data from the 2012 GSS and the 2006 to 2010 NSFG.

8. Summary and Implications

As noted in ***Chapter 1***, the primary goal of the 2013 Dress Rehearsal (DR) was to measure, using multiple indicators and data sources**,** the total effect on National Survey on Drug Use and Health (NSDUH) estimates from the full set of changes to the protocol planned for the 2015 partial redesign. Following the 2012 Questionnaire Field Test (QFT), the DR aimed to further test the revisions made to the questionnaires, materials, and equipment. Further protocol revisions that were made following the QFT were tested during the DR, most notably the addition of Spanish-language interviews and a utilization of new lightweight laptop computers. Based primarily on the results presented in ***Chapters 4*** to *7*, this chapter summarizes the key findings from the DR with respect to each of the five main research questions and the implications of these results for implementing a partially redesigned protocol in 2015. Where appropriate, recommendations for the 2015 NSDUH that are based on results and insights gained from the DR are noted.

Section 8.1 highlights key outcomes of the DR data collection related to data quality (***Chapter 4***), including screening and interview response rates, variable imputation rates and item missingness rates, interview timing results, and other data quality indicators. Conclusions from specific assessments of the redesigned protocol in ***Chapter 5***—including field observations, responses to field interviewer (FI) debriefing surveys, new equipment surveys, FI training surveys, debriefing calls with FIs, and field observations—are summarized in ***Section 8.2***. ***Section 8.3*** discusses key findings from comparing DR estimates with main study estimates for specific substance use items and other core and selected noncore estimates (***Chapter 6***). ***Section 8.4*** focuses on key findings from comparing estimates for items that were revised or moved for the DR and QFT with estimates from the comparison data, as well as those items that are new, and those items that were moved from computer-assisted personal interviewing (CAPI) to audio computer-assisted self-interviewing (ACASI) administration, as described in ***Chapter 7***. ***Section 8.5*** describes the implications for the 2015 partially redesigned instrument and protocol, based on the results of the DR and QFT.

8.1 Data Collection Outcomes and Data Quality Assessment (*Research Questions 2 and 3*)

In most respects, the DR data met the standards of data quality similar to those applied to the 2013 quarters 3 and 4 and 2012 NSDUH main study comparison data, as detailed in ***Chapter 4***. Data quality indicators were examined to assess the impact of the redesigned protocol, including changes to the equipment and questionnaire, on data collection outcomes achieved by the DR. Data collection outcomes and data quality are assessed by item missingness and variable imputation rates, interview timing results, screening and interview response rates, and other data quality indicators, described in the sections below.

8.1.1 Item Missingness Rates and Variable Imputation Rates

Overall, item missingness rates and variable imputation rates examined in the DR results were similar to the QFT results. Item missingness rates were examined especially for those items

that were moved from CAPI to ACASI administration for the QFT and DR, as a number of these items had higher missingness rates than the parallel items administered via CAPI in the main study comparison data. Items that were introduced in the QFT then revised between the QFT and DR and those that were new to the DR questionnaire were also examined.

As detailed in ***Section 4.4*** and ***Tables B.1*** to ***B.4*** in ***Appendix B***, the following items that will be moved from CAPI to ACASI administration in the 2015 questionnaire had relatively higher item missingness rates in the QFT and produced similar results in the DR:

- marital status (QD07);
- number of home moves in the past year (QD13);
- full- or part-time student status (QD19);
- work at a job or business at any time in the past week (QD21); and
- most of the items that ask about recent employment history, missing workdays, size of employing organization, and related issues (QD31, QD33, QD36, QD38, QD39a, QD40, QD41, and QD42).

These items are planned to be administered in ACASI in the partially redesigned 2015 questionnaire, so these items will be examined closely in the 2015 Early Data Review (EDR) to see whether item missingness rates remain as a potential data quality issue. Although a number of items asking about health insurance coverage, receipt of various sources of income via government assistance programs, and income also had relatively higher missingness rates based on the ACASI data in the QFT and DR, these items will be administered via CAPI in the partially redesigned 2015 questionnaire.

Another indicator of the quality of the DR data is the proportion of cases for which imputation was required prior to using specific variables for analysis. ***Section 4.3*** and ***Tables 4.9a*** through ***4.9f*** provided rates of imputation and logical assignment for selected variables. With a few exceptions, the weighted percentages of cases that were either imputed or logically assigned for the following variables were similar across the DR, 2012 comparison, and 2013 quarters 3 and 4 comparison datasets:

- recency of substance use,
- past year initiation status,
- health insurance, and
- income.

The majority of the age at first use variables in the DR data required no logical assignment or imputation.

8.1.2 Interview Timing Results

Overall interview times were lower or similar for DR respondents compared with the 2012 respondents, the 2013 quarters 3 and 4 respondents, and the QFT respondents for most age groups. Spanish-language DR respondents aged 12 or older, however, had higher overall

interview times when compared with the Spanish-language 2012 respondents and the Spanish-language 2013 quarters 3 and 4 respondents. Spanish-language DR timing data were *considerably* higher than either the Spanish-language 2012 main study or the Spanish-language 2013 quarters 3 and 4 for respondents aged 65 or older; however, despite this larger difference in average times for respondents aged 65 or older, the overall timing differences for Spanish-language interviews were not of a large magnitude.

As expected, the average timing for the total core substance use sections for all respondents aged 12 or older was higher for the DR respondents than it was for the 2012 respondents and the 2013 quarters 3 and 4 respondents and only slightly lower than it was for the QFT respondents. Additions and revisions to the hallucinogens, inhalants, and prescription drug sections in the partially redesigned DR questionnaire contributed to these higher durations for the core substance use modules when compared with the main study data.

Timings for the redesigned prescription drug modules for the DR respondents aged 12 or older were higher than they were for the 2012 respondents and 2013 quarters 3 and 4 respondents, but they were lower than the timings for the QFT respondents. Among the redesigned prescription drug modules, the pain relievers module accounted for the higher administration times for the DR respondents compared with the 2012 and 2013 quarters 3 and 4 respondents.

For the health insurance section, a higher average administration time was observed for the DR respondents compared with the 2012 respondents and the 2013 quarters 3 and 4 respondents. However, the average administration times for this section were similar to those observed in the QFT. The primary change to this section in the DR questionnaire, relative to the main study instrument, was moving these questions from CAPI to ACASI administration. Questionnaire changes to accommodate the ACASI mode were also implemented in both the QFT and the DR.

8.1.3 Screening and Interview Response Rates

The overall response rates obtained during the DR were lower than for the 2012 main study comparison sample and very similar to those obtained during the QFT, albeit slightly lower. These differences are illustrated in ***Table 4.1*** in ***Chapter 4***.

Screening rates account for much of the difference in overall response between the DR and the 2012 main study comparison sample as well as the QFT. As shown in ***Table 4.1***, weighted screening rates declined steadily from the 2012 comparison sample to the QFT and then again during the DR, although the decline was less steep in the latter comparison. Overall, as shown in ***Table 4.2***, the distribution of visits for completed screenings in the DR sample was similar to the distributions for the 2012 and 2013 quarters 3 and 4 comparison samples.

Interviewing response rates for the DR were lower than for the 2012 main study comparison group but higher than for the QFT. Similar to the number of visits for completed screenings (see ***Table 4.2***), the percentage of completed interviews by the number of visits during the DR followed a similar pattern as the 2013 quarters 3 and 4 and 2012 main study comparison groups.

8.1.4 Other Data Quality Indicators

Additional indicators were employed to assess the quality of the DR data. Outcomes for the DR are compared with the 2012 main study and the 2013 quarters 3 and 4 main study comparison data, where appropriate, by the following indicators:

- **Responding to lead questions for "OTHER, Specify" data.** This data quality indicator examined instances of choosing "other" responses for which respondents were subsequently asked to specify an open-ended response, focusing on items that were new, moved within the questionnaire, or revised. Rates for "other" responses to these items (shown in ***Table 4.14***) were low in the combined QFT and DR data relative to the rates for predefined response categories. These low rates for "other" responses were consistent with the findings from the QFT and support the overall conclusion that predefined categories performed adequately in the QFT and DR.
- **Patterned responses in the core drug questions.** This indicator examined patterned responses in answers to the screening questions for past year prescription drug use or to the questions for past year misuse in the DR, relative to the comparison data. As described in ***Chapter 4***, attention was given to identifying cases in the prescription drug data where responses of only "1" or "2" were recorded for all screener questions for a given prescription drug category and/or high numbers of individual prescription drugs that were misused relative to the overall distribution of the number of drugs that were misused within a given category. No cases were removed from the DR data because of patterned responses. Although three respondents had a pattern of keying "2" in one or more prescription drug modules, no respondents had a pattern of keying only responses of "1" in the screening questions. No cases were recommended to have their prescription drug answers set to "bad data" because of high numbers of individual prescription drugs that were recorded as misused.

8.2 Assessments of the Redesigned Protocol (*Research Question 1*)

As described in ***Chapter 5***, five field-related efforts were used to assess the partially redesigned questionnaire and protocol used in the DR. Overall, these assessments provided some assurance that revisions made to the questionnaire and protocol following the QFT will facilitate continued high quality and efficiency in NSDUH data collection when the partial redesign is implemented in 2015. Based on these assessments and discussions with the Substance Abuse and Mental Health Services Administration (SAMHSA), RTI recommends changes for 2015 to address the instrument and screeners, training and materials, and equipment. In addition to being described in this section of the report, recommendations for 2105 are documented in ***Tables 8.1*** to ***8.3*** (shown at the end of this chapter with the chapter's other tables), subject to SAMHSA approval. Key results from the five field-related assessments are described in the sections below.

8.2.1 Field Interviewer Training Survey

FIs provided their reactions to the DR FI training program through an FI training survey. Insights derived from their reactions to the training program and materials and the FIs' general comfort level with DR tasks will be useful in developing the 2015 NSDUH training programs and related materials. Overall, the results of the DR FI training survey were very positive and similar to the information gathered at the end of the QFT training program in August 2012.

Overall, FIs were highly satisfied with the DR training program, as evidenced by most indicating agreement ("strongly agree" or "agree") to the statements about training. One important finding, however, concerned the pace of the DR training session. Fewer FIs reported they strongly agreed or agreed with the statement concerning the pace of training. Although one FI reported that it was too slow, more reported that it was too quick.

8.2.2 Field Interviewer Equipment Survey

To assess changes to equipment that are planned for implementation in 2015 and utilized on the DR, FIs were surveyed about their experiences with the equipment. Responses to the equipment survey indicate that the FIs overall were very satisfied with the equipment and programs deployed in the DR. Most of the DR FIs indicated that the decreased weight of the laptop was advantageous. Additionally, they felt that it was easy to learn and easy to use. The DR FIs were very satisfied with the new tablet email program, which provided two-way email capabilities for increased communication between the FIs and their field supervisors (FSs). The FIs overwhelmingly preferred using the default Samsung keypad instead of the hacker's keypad.

The results of the equipment survey indicate that the FIs found the design of the laptop's carrying case to be problematic, which supports efforts to improve this piece of equipment. The FIs also reported difficulty with the function keys on the laptop, pointing out that they were very small and hard to read. Recommendations for changes to equipment, emanating from the equipment survey, are provided in ***Table 8.3***.

8.2.3 Field Interviewer Debriefing Items

FI debriefing items were used to gauge how respondents reacted to the partially redesigned protocol used during the DR. The DR results for the debriefing questions provided insight into respondents' reactions to the DR interview and protocol. Overall, the FIs reported that respondents reacted favorably to the new computer equipment, indicating that it should not greatly influence respondents' experience with the interview. The function keys were reported as problematic in some instances, however, which indicates a need to optimize them for 2015 in order to prevent frustration or confusion that could influence the outcome of the interview. Data from the debriefing items did not illuminate any significant problems with the respondents' comprehension of questionnaire items, suggesting that lack of comprehension should not be a significant factor influencing data quality. The FIs reported that a proxy was used in about one fourth of the interviews, and some challenges were reported with the process of introducing the proxy respondents to the computer, which affected a larger proportion of respondents who took the interview in Spanish.

The FIs indicated overall that 7 percent of the time there were problems with the proxy use of ACASI to answer the income and health insurance questions (see ***Table 5.25***), but for Spanish-language interviews it was 11 percent. This will have limited implications in 2015 if these questions are not administered in ACASI.

The FIs indicated that the interviews during the DR were slightly less private than during the QFT and the 2012 and 2013 comparison interviews. As indicated in ***Table 5.29***, fewer FIs

classified the DR interview as "completely private" compared with both the 2012 and 2013 comparison interviews and the QFT interviews.

As shown in ***Table 5.15***, FIs reported in only 13.2 percent of the completed interviews that the respondent commented that the interview was too long, which differs insubstantially from the QFT results. Older respondents and those with lower levels of education were more likely to make comments about the interview being too long.

8.2.4 Debriefing Calls with Field Interviewers

FI debriefing calls were held with FIs who conducted DR interviews in order to obtain direct feedback from them on their experiences collecting data using the redesigned NSDUH questionnaire on the new laptop and completing screenings using the touch screen. Altogether, five debriefing calls were conducted. The goal of these calls was to gather FIs' feedback and insights on use of the equipment, challenges encountered, and any significant concerns raised by respondents regarding the questionnaire or protocol in order to inform potential changes to the preparation, protocol, and procedures for the 2015 NSDUH. Key findings include the following:

- FIs on all five debriefing calls noted that respondents reacted positively to the changes to the lead letter and the question and answer (Q&A) brochure, with many having already read the lead letter. The FIs suggested that the lead letter's added color was what led to the improved respondent interest and recall. FIs noted that respondents seemed to have greater recall of the DR lead letter than its main study counterpart.
- All FIs confirmed that the DR FI training program was effective in preparing them to use the tablet in the field to conduct screenings. Also, all of them reported quickly feeling comfortable using the tablet.
- Across all five debriefing calls, FIs confirmed that the DR FI training program was effective in preparing them to use the new laptop computer, and all had overwhelmingly positive feelings toward the new laptop.
- Several FIs commented that they felt that having the pill images available on the screen rather than in the showcard booklet results in greater attention being paid to the images on the part of the respondent.
- When asked to provide their overall reaction to the DR questionnaire changes, including the recall and length of time, nearly all of the FIs reported that their experience was very similar to their work on the main study.

Recommendations emanating from the calls are documented in ***Tables 8.1*** to ***8.3***.

8.2.5 Field Observations of Field Interviewers

The majority of the FIs displayed positive behaviors when conducting DR screenings and interviews. Some of the errors observed among the DR interviewers were not specifically related to the redesigned protocol and may have been observed on the main study. Overall, the results from DR field observations suggested that relatively few specific changes to the protocol are

needed in advance of the 2015 survey data collection; however, specific items noted are described below:

- Nearly 10 percent of the time (see ***Table 5.33***), the FIs failed to provide their name, RTI International, U.S. Department of Health and Human Services, and the lead letter during a screening.
- During the interviewing, the most common problems were not reading all of the screens verbatim (see ***Table 5.34***), not answering respondent questions thoroughly and appropriately (see ***Table 5.35***), and not following proper quality control and incentive procedures (see ***Table 5.35***).

Enhancements to the training that are recommended on the basis of the field observations are documented in ***Tables 8.1*** to ***8.3***.

8.3 Selected Core and Noncore Estimates for English- and Spanish-Language Dress Rehearsal Data and Comparison Data (*Research Question 4*)

As detailed in ***Chapter 6*****,** findings on a large number of selected core and noncore estimates from the DR and the 2012 and 2013 quarters 3 and 4 comparison data were presented for the following types of analyses:

- analyses to make decisions for the 2015 survey;
- further analyses based on findings from the QFT; and
- analyses to explain anticipated findings in 2015.

This section highlights key findings from ***Chapter 6*** and suggests implications for the 2015 NSDUH. Where appropriate, implications of these results and recommendations for the 2015 survey year are presented in ***Tables 8.1*** to ***8.3*** in ***Section 8.5***.

8.3.1 Core Substance Use Estimates Other Than Methamphetamine and Prescription Drugs (*Research Question 4a*)

Some differences between field test and comparison data for estimates of cocaine and heroin use that had been observed in the QFT continued to be observed in the combined QFT and DR data for non-Hispanic English-language interviews despite the content of these modules not changing for the QFT and DR. However, the assumption continues to be that any changes in prevalence for these drugs in 2015 relative to earlier years based on a full sample of approximately 67,000 interviews in 2015 will reflect an actual change in prevalence in the population. However, this assumption can be tested by reviewing trend data from the first 6 months of 2015, which will likely have a sample size of more than 30,000, or roughly 10 times the sample size of the combined QFT-DR data. In addition, single-year fluctuations in prevalence would need to be interpreted with caution. It would be important to examine trends across multiple years—including years beyond 2015—to account for occasional fluctuations in prevalence that may "correct" themselves with additional years of data.

8.3.2 Methamphetamine, Prescription Drug, and Illicit Drug Summary Estimates (*Research Question 4b*)

For ***methamphetamine***, separating questions about the use of this drug from questions about the misuse of prescription stimulants generally increased the prevalence of lifetime use relative to the estimates in the comparison data, even when noncore data were included in the comparison datasets for persons who reported their use of methamphetamine outside of the context of questions about prescription drugs. If the prevalence of lifetime methamphetamine use in 2015 is higher than in recent years for persons aged 12 or older or within different age groups because of changes to the questionnaire in 2015, SAMHSA will need to decide how to handle the reporting of trends in lifetime use. One option would be not to report trend data for lifetime methamphetamine use between 2015 and earlier years or to discontinue the reporting of lifetime trend data for methamphetamine altogether from 2015 onward. Alternatively, SAMHSA could start a new baseline for lifetime methamphetamine use beginning in 2015. Other, more sophisticated options could involve statistical procedures to adjust the trend data for 2002 to 2014. Although data on trends in lifetime prevalence may be of interest for examining historical changes in the popularity of different drugs, data on trends in the prevalence of methamphetamine use in the past year and past month are likely to be of more importance to policymakers, the public health sector, the criminal justice sector, and others because of the demands that methamphetamine users may place on the criminal justice system, the health care delivery system (including substance abuse treatment), and systems for providing social services (including services to dependents of adult substance users).

For ***prescription drugs***, the general findings of lower estimates of *lifetime* misuse of prescription drugs but higher *past year* estimates in both the QFT and combined QFT-DR data relative to corresponding comparison datasets were expected, given the changes to the prescription drug questions for the QFT. In the current questionnaire, respondents have multiple opportunities to report lifetime misuse of specific prescription drugs whereas respondents in the QFT and DR had multiple opportunities to report past year misuse of specific prescription drugs. Similarly, respondents in the main survey have limited opportunity to report past year misuse, and respondents in the QFT and DR had limited opportunity to report misuse of any prescription drugs that occurred more than 12 months prior to the interview—including misuse of prescription drugs that are no longer available by prescription in the United States.

These findings from both the QFT and combined QFT-DR data for prescription drugs also support the conclusion to start a new baseline in 2015 for trends in prescription drug misuse. In addition, it may be useful for SAMHSA to consider whether to discontinue reporting trend data for lifetime misuse of prescription drugs after 2014 because of questions about the accuracy of respondent self-reports of misuse of prescription drugs more than 12 months prior to the interview.

The general lack of effect of changes to the methamphetamine and prescription drug modules in the QFT and DR on summary measures of use of ***any illicit drug*** is consistent with marijuana being the most commonly used illicit drug in the United States. The increases in estimates of past year use of ***illicit drugs other than marijuana*** in the QFT and DR relative to the comparison data when methamphetamine and prescription drugs were included also can be explained by the prevalence of misuse of prescription drugs consistently being second only to

marijuana among illicit drugs. Analysis of 6-month data for 2015 is likely to be useful for assisting SAMHSA in deciding how to create these summary illicit drug use measures in 2015 and how to report trends for these measures.

8.3.3 Selected Noncore Estimates (*Research Question 4d*)

Overall, few differences in prevalence were observed between the data for the QFT and DR and comparison data for the main survey, particularly for substance dependence and abuse, needle use, and substance use treatment. No changes were made to the substance treatment module for the QFT and DR, and relatively minor changes were made to the questions for dependence and abuse and for needle use.

In addition, estimates for some mental health measures differed between the combined QFT and DR data for adults but not for adolescents aged 12 to 17. However, the mental health questions did not change in the QFT and DR for adults or adolescents. As for the drug use measures that were discussed previously, the estimates for adults that differed between the field test and comparison data could be examined in the 6-month data for 2015 to test the hypothesis that the observed differences between the field test and comparison data for these mental health measures were an artifact of the smaller sample sizes for the QFT and DR datasets.

8.4 Selected Noncore Estimates for the Dress Rehearsal, Comparison Data and External Data Sources (*Research Question 5*)

As detailed in ***Chapter 7***, comparisons of several sets of key estimates from the DR were made with estimates from the 2012 comparison sample and data sources other than NSDUH. Comparisons were made for the following three sets of estimates for use as benchmark tools for evaluating the validity of the DR's estimates:

- selected items that were moved from CAPI to ACASI administration in both the QFT and the DR,
- selected items new to the QFT instrument and also included in the DR, and
- two items on sexual attraction and identity that were first used in NSDUH in the DR instrument.

In addition to these findings being summarized in this section of the report, any implications of these results and recommendations for the 2015 survey year are presented in ***Tables 8.1*** to ***8.3*** in ***Section 8.5.***

8.4.1 Estimates for Selected Items Moved from CAPI to ACASI Administration

Section 7.2 compared DR estimates with 2012 main study comparison data and various external sources for the following sets of estimates:

- received income and program participation,
- current employment,
- unemployment rates,

- health insurance coverage, and
- income.

Overall, some of the key differences in estimates observed between the QFT data, main study comparison data, and external data sources were observed for the DR data. The majority of these observed differences suggested that the DR sample was comprised of a higher proportion of respondents with lower socioeconomic status. Key findings supporting this conclusion were as follows:

- DR estimates for those participating in means-tested government programs, such as food stamps and Supplemental Security Income (SSI), were significantly higher than those for the 2012 comparison data and for the external data sources.
- The DR estimate of the percentage of persons with private health insurance coverage was well below that of the other data sources.
- The DR data produced a higher percentage of persons with incomes of less than $50,000 when compared with either the 2012 comparison data file or the external source.

8.4.2 Estimates for Items New to the QFT Questionnaire and Included in the DR

In ***Section 7.3***, DR estimates were compared with two external data sources for two items that were new to the QFT questionnaire and included in the DR—height and weight. Overall, these comparisons revealed that the DR height and weight estimates aligned closely to estimates from the two external sources, both self-reported and directly measured. Key findings were as follows:

- Both the unbounded DR mean height estimate and the National Health Interview Survey (NHIS)-bounded DR mean height estimate were very similar to the NHIS mean height estimate, the National Health and Nutrition Examination Survey (NHANES) directly measured mean height estimate, and the NHANES self-reported mean height estimate.
- The unbounded DR mean weight estimate was similar to both the self-reported and measured weight estimates based on the NHANES, whereas the NHIS-bounded DR mean weight estimate was very similar to the NHIS measure of mean weight estimate.

These findings suggest that the items for measuring height and weight in the DR appear likely to produce estimates that are highly comparable with other large national in-person surveys, including those that use either bounded estimates of self-reported height and weight or direct measures of height and weight.

DR estimates were also compared with those from the NHIS for the items asking about ever having been diagnosed with specific health conditions. The DR estimates were generally lower than those from the NHIS, and these findings replicated the result from the QFT analysis. Observed differences between the QFT and DR estimates compared with external data sources like the NHIS could be attributable to differences in question formats. The NSDUH

questionnaire asks about these items via a single question using a "code all that apply" format, whereas the NHIS asks about each health condition via separate questions.

The pattern of DR estimates being generally lower than those from the NHIS for specific health conditions was consistent with previous comparisons of NSDUH and NHIS data. A report comparing 2006 chronic health condition estimates derived from NSDUH and other health data sources found NSDUH estimates to be generally lower than those from the NHIS (Pemberton et al., 2013). Estimates varied from the other data sources examined in this report, including data from the Medical Expenditure Panel Survey (MEPS) and the NHANES, likely due to differences in the sampling frames, data collection methods, and questionnaires used to produce these estimates. Overall, no clear pattern was observed in the direction of differences between NSDUH and the other data sources.

Finally, DR estimates on six items on disabilities or physical limitations were compared with estimates from the 2012 NHIS and 2012 ACS. Overall, differences between the DR and 2012 NHIS estimates were smaller than those between the QFT and 2011 NHIS. An exception was the item on "serious difficulty concentrating, remembering, or making decisions." For that item, the DR estimate was considerably higher than the estimate from the 2012 NHIS.

8.4.3 Estimates for Items New to the DR Questionnaire

Section 7.3 attempted to compare two items on sexual attraction and orientation that were added as new items to the DR instrument. There appear to be few public use datasets that can be used to produce estimates comparable with those from the DR; however, this section did compare the new item on sexual orientation to a comparable item from the 2012 General Social Survey (GSS) and published estimates from the 2006 to 2010 National Survey of Family Growth (NSFG). The DR estimates for sexual orientation appeared to be consistent with data from the GSS across gender and age groups.

8.5 Implications for the 2015 Partially Redesigned Instrument and Protocol

This section summarizes key issues resulting from the protocol assessments and analyses conducted as part of the QFT and DR. It also identifies recommendations on how each problem could be addressed for the partially redesigned NSDUH protocol. ***Table 8.1*** presents issues and recommendations for the screener and questionnaire items, ***Table 8.2*** presents issues and recommendations for the training and materials, and ***Table 8.3*** presents issues and recommendations for the field equipment. Combined, these three tables summarize the key implications of the QFT and DR results for the 2015 data collection.

The 2015 EDR and the 2015 NSDUH 6-month tables can be used to examine the initial results for items or estimates that were determined to be problematic in the QFT or DR. Examples include items with relatively higher missingness rates or estimates that differed significantly from the current main study data. ***Table 8.4*** documents items that could be included in the 2015 EDR to provide an initial preview of the data, such as missingness rates. As the first footnote in ***Table 8.4*** indicates, the EDR uses data collected within the first 2 weeks of the survey year and presents unweighted estimates for these data. Given that the EDR relies upon unweighted data to help identify significant problems at the start of a new data collection year,

such as unusual missingness rates or timing results, one appropriate way to use the EDR would be to examine unweighted missingness rates for those items identified as problematic in the QFT and DR in ***Table 8.4***. ***Table 8.5*** documents similar items recommended for priority examination in the 2015 NSDUH 6-month tables. Data presented in the 6-month tables are weighted, so more robust comparisons between main study NSDUH data and field test data are feasible.

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire

Questionnaire Item	Issues(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
HLTH21	Respondents who reported using tobacco in their lifetime, but not necessarily in the past year, were later asked if a doctor had advised them to quit smoking in the past year in HLTH21.	The routing logic for the comparable question in 2014 (HLTH18) was updated to prevent respondents who reported not smoking in the past year in the tobacco module from receiving this question.	This change will be carried forward.
QD62, QD63	The routing logic for the sexual attraction (QD62) and sexual orientation (QD63) questions was incorrect and was missing a reference to the age variable that restricts these questions to adult respondents.	The routing was corrected at DR FI training with an instrument patch, and these items functioned properly during data collection.	This change will be carried forward.
MILTERM1	These items include the wording "Is that correct?" whereas elsewhere in the questionnaire, confirmation questions say, "Is this correct?"	Consider editing these items to say "Is this correct?" for consistency.	Edit approved by SAMHSA. RTI will implement.
SP03r	See above.	See above.	Edit approved by SAMHSA. RTI will implement.
Calendar screens (throughout)	Dates appear without subscript on calendar screens.	Revise calendar screens so that dates include the superscript (i.e., "23rd" as opposed to "23"). This would include edits to the calendar tutorial. Revise audio as necessary.	Edit approved by SAMHSA. RTI will implement.
QD01 and QD03		Move the introductory text, "The first few questions are for statistical purposes only…," from QD01 to QD03. This will allow interviewers to avoid the confusion of reading a statement that is unrelated to the information they are entering.	Change approved by SAMHSA. RTI has made this change in the CAI specs.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Pain relievers screener and main module	Propoxyphene products (Darvocet®, Darvon®, and generic propoxyphene) have been withdrawn from the U.S. market.	Drop these drugs from the pain relievers screener and main module for 2015.	Change approved by SAMHSA. RTI has made this change in the CAI specs.
Pain relievers screener and main module	These brand name drugs have been discontinued: Talacen®, Talwin®, and Talwin® NX, but generic pentazocine is still available.	Drop these drugs from the pain relievers screener and main module for 2015, and do not replace them with their generic equivalents.	Change approved by SAMHSA. RTI has made this change in the CAI specs.
Pain relievers screener and main module	New formulations for Vicodin® Suboxone® will affect their drug images. In addition, the current image for OxyContin® shows a form that was discontinued because it was prone to tampering, along with the recently introduced form that is designed to be more resistant to tampering. Legislation that affects the amount of acetaminophen (APAP) in opioid pain relievers also could affect the images for other pain relievers that contain APAP (e.g., generic hydrocodone plus APAP, Percocet®).	Replace the current images for these drugs with new images, as appropriate.	Change approved by SAMHSA. RTI will investigate availability of new images.
PR01 in the pain relievers screener and the appropriate location in the main module	FDA shows Lorcet® HD as being discontinued, and this had the lowest prevalence of misuse for the hydrocodone products in the QFT and DR. Also, most respondents in the QFT and DR data who reported misuse of Lorcet® reported misuse of other hydrocodone products. No information is available on plans to reformulate Lorcet® to include no more than 325 mg of APAP as per legislation that went into effect in January 2014.	Drop Lorcet® from the pain relievers screener and main module. Add the hydrocodone products Norco® and Zohydro® ER to the pain relievers screener and main module. Norco® was mentioned in "write-in" data in the DR and also was mentioned more often than Lorcet® in write-in data for 2012. Zohydro® ER was approved in late October 2013. It is the first single-entity hydrocodone product and the first extended-release hydrocodone product. For these reasons, its approval has been controversial. Market launch is anticipated for 2014.	Changes approved by SAMHSA. RTI replaced Lorcet® with Norco® in PR01 and PRY03. Added a response category in PR01 and added questions PRY031 and PRY03a1 for Zohydro® ER between PRY03a and PRY04.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
PR02 in the pain relievers screener and the appropriate location in the main module	No information is available on plans to reformulate Tylox® to include no more than 325 mg of APAP. Most respondents in the QFT and DR data who reported misuse of Tylox® reported misuse of other oxycodone products. In the 2012 main survey, Tylox® was mentioned less often than other oxycodone products in the write-in data.	Drop Tylox® from the pain relievers screener and main module. Add the oxycodone products Roxicet® and Roxicodone® to the pain relievers screener and main module. Roxicet® and Roxicodone® show evidence of increasing trends in the main survey write-in data.	Changes approved by SAMHSA. Because propoxyphene drugs previously had been included in PR03 but will be dropped for 2015, RTI split the screener questions about oxycodone products between PR02 and PR03. Included Roxicet® and Roxicodone® in PR03. Replaced Tylox with Roxicet® in PRY08 and PRY08a and added PRY081 and PRY081a for Roxicodone® between PRY08a and PRY09.
PR04 in the pain relievers screener and the appropriate location in the main module	There is a generic equivalent of Ultram® ER and Ryzolt®. Also, Ryzolt® has been discontinued. Dropping Ryzolt® will make room for this drug. Tramadol products were one of the most commonly misused groups of pain relievers in the QFT.	Add "Extended-release tramadol (generic)" to question PR04 in the pain relievers screener for 2015 and in the appropriate location in the main module. Also will require creating a new drug image. Drop Ryzolt® from the questionnaire for 2015.	Changes approved by SAMHSA. RTI added new drug to PR04. Created PRY171 and PRY171a between PRY17a and PRY18.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
PR05 in the pain relievers screener and the appropriate location in the main module	The response, "Asked whether Tylenol® with codeine was the same as OTC Tylenol®," came up in one of the debriefing write-ins. Misreporting of OTC Tylenol® as Tylenol® with codeine also came up in cognitive testing. In the QFT, Tylenol® with codeine 3 or 4 was reported as one of the more commonly misused pain relievers.	Consider adding an explanation to the screener question for Tylenol® with codeine 3 or 4 and codeine pills that Tylenol® with codeine 3 or 4 is different from OTC Tylenol®. Making this change could reduce the potential for false positives if respondents report "misuse" of Tylenol® with codeine 3 or 4 (e.g., use without a prescription) when they really used OTC Tylenol®.	No changes requested by SAMHSA.
PR06 in the pain relievers screener and the appropriate location in the main module	The pain relievers pill card in the main survey shows images of extended-release morphine, but there was not a response option for this form in the DR. Also, Oramorph® SR has been discontinued.	Add "Extended-release morphine (generic)" to question PR06 in the pain relievers screener for 2015 and in the appropriate location in the main module. Also will require creating a new drug image and could require changing the existing drug image for morphine. Drop Oramorph® SR from the questionnaire for 2015.	Changes approved by SAMHSA. RTI added new drug to PR06. Created PRY241 and PRY241a between PRY24a and PRY25.
PR08 in the pain relievers screener and the appropriate location in the main module	Subutex® has been discontinued.	Drop Subutex® from the pain relievers screener and main module for 2015.	Change approved by SAMHSA.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
PR08 in the pain relievers screener and the appropriate location in the main module	There are the generic equivalents of Opana® and Opana® ER.	Add "Oxymorphone (generic)" and "Extended-release oxymorphone (generic)" to the pain relievers screener and main module for 2015. This also will require creating new drug images.	Change approved by SAMHSA. RTI added these items to PR09 and replaced Talacen®, Talwin®, and Talwin® NX with remaining pain relievers in PR10. Moved up PRY35 to PRY36a to follow PRY31a. Added PRY361, PRY361a, PRY362, and PRY362a between PRY36a and PRY32 (new order).
Pain relievers screener and main module	The DR questionnaire does not identify that hydromorphone is the equivalent of Dilaudid®.	Consider adding "Hydromorphone (generic)" to the pain relievers screener and main module, or change the items for Dilaudid® to "Dilaudid® or hydromorphone (generic)." These changes would require creating a new pill image for hydromorphone or changing the image for Dilaudid® to add pictures for the generic.	SAMHSA approved changing to "Dilaudid® or hydromorphone." RTI added SAMHSA-approved wording to all instances of Dilaudid®.
Pain relievers screener and main module	Exalgo® was approved in 2010. Its patents are scheduled to expire in July 2014. Adding Exalgo® and generic hydromorphone would allow more complete coverage of the misuse of hydromorphone products.	Consider adding Exalgo® (extended-release hydromorphone) to the pain relievers screener and main module in the vicinity of items for Dilaudid®. This also will require creating a new drug image.	Change approved by SAMHSA. RTI added "Exalgo or extended-release hydromorphone" to PR10, one item after "Dilaudid® or hydromorphone." Added PRY331 and PRY331a between PRY33a and PRY34.

See notes at end of table.

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Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Pain relievers screener and main module	MoxDuo® IR is a combination of two powerful opioids, morphine and oxycodone, that is scheduled for a new review in May 2014. Product launch is targeted for the second half of 2014.	Add MoxDuo® IR to the pain relievers screener and main module. Also will require obtaining a new drug image (depending on potential cost).	Change approved by SAMHSA. RTI added MoxDuo® IR to PR10. Added PRY332 and PRY332a between PRY331a and PRY34.
PRL03 (and TRL03, STL03, and SVL03)	Some DR cases for pain relievers skipped out of PRL03 when the respondent reported some initiation within the past 12 months but initiation of other drugs in the same month as the interview month but in the previous calendar year (e.g., September 2012).	Adjust the criteria in the past year initiation variables (e.g., PRYRINIT1 for Vicodin®) to set the initiation variable to 1 if the YFU equals CURRENT YEAR MINUS 1, the MFU is between 1 and 12, and the MFU is greater than OR EQUAL TO the current month.	Change approved by SAMHSA.
Tranquilizers screener and main module	Librium®, Tranxene®, and oxazepam (generic equivalent of Serax®) represent an older "generation" of benzodiazepine tranquilizers and had a low prevalence in the QFT and DR data.	Drop Librium®, Tranxene®, and oxazepam from the tranquilizers screener and main module.	Changes approved by SAMHSA. RTI has made these changes in the CAI specs.
Tranquilizers screener and main module	Flexeril® has been discontinued, but the generic is still available.	Drop Flexeril® from the tranquilizers screener and main module, or replace it with "Cyclobenzaprine, also known as Flexeril®." Replacing Flexeril® with the generic will require creating a new drug image.	Change approved by SAMHSA to replace "Flexeril" with "Cyclobenzaprine (generic), also known as Flexeril®," and to create an image for the generic.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Tranquilizers screener and main module	Buspirone, hydroxyzine, and meprobamate had low prevalence reported in the QFT.	Consider dropping buspirone, hydroxyzine, and meprobamate from the tranquilizers screener and main module.	Final recommendation made to SAMHSA to retain questions about these drugs for 2015. Final recommendation approved by SAMHSA.
Stimulants screener and main module	Generic extended-release amphetamine-dextroamphetamine pills are available that are equivalent to Adderall® XR.	Add "Extended-release amphetamine-dextroamphetamine pills other than Adderall XR (generic)" to the stimulants screener and main module. This also will require creating a new drug image.	Change approved by SAMHSA. RTI has split amphetamine products in the screener to include brand-name drugs in ST01 and generic drugs in ST02. Added STY051 and STY051a between STY05a and STY06.
Stimulants screener and main module	Generic extended-release methylphenidate was approved in 2011. This is equivalent to Ritalin® SR/LA and Concerta®.	Add "Extended-release methylphenidate (generic)" to the stimulants screener and main module. This also will require creating a new drug image and could require changing the existing drug image for methylphenidate.	Change approved by SAMHSA. RTI has put Ritalin®, Ritalin® SR/LA, Concerta®, and Daytrana® in ST03 in the screener and has put Metadate® CD, Metadate® ER, methylphenidate, and extended-release methylphenidate in ST04. Moved STY10 and STY10a to follow STY12a. Added STY101 and STY101a between STY10a and STY13.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issues(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Stimulants screener and main module	Generic extended-release dexmethylphenidate was approved in 2013. This is equivalent to Focalin® XR.	Add "Extended-release dexmethylphenidate (generic)" to the stimulants screener and main module. This also will require creating a new drug image.	Change approved by SAMHSA. RTI has put Focalin®, Focalin® XR, dexmethylphenidate, and extended-release dexmethylphenidate in ST05 in the screener. Added STY151 and STY151a between STY15a and STY16.
Stimulants screener and main module	Modafinil is the generic equivalent of Provigil® and was approved in 2012. Armodafinil (generic equivalent of Nuvigil®) also was approved in 2012 and is chemically similar to Modafinil.	Consider adding "Modafinil (generic)," Nuvigil®, and "Armodafinil (generic)" to the stimulants screener and main module. This also will require creating new drug images.	Final recommendation made to SAMHSA not to add these drugs for 2015, based on QFT and DR data for Provigil® and write-in data from the main survey for modafinil, Nuvigil®, and armodafinil. Final recommendation approved by SAMHSA.
Sedatives screener and main module	Patents for Lunesta® are scheduled to expire in February and August 2014. Tentative approvals have been given to the generic equivalent (eszopiclone). Use and misuse of Lunesta®, Sonata®, and the generic equivalent of Sonata® (zaleplon) in the QFT and DR data were not as prevalent as those for zolpidem products (e.g., Ambien®) or benzodiazepine sedatives (e.g., Halcion®, Restoril®).	Change "Lunesta" to "Lunesta or eszopiclone" and change "Sonata" to "Sonata or zaleplon" in the sedatives screener and main module. Drop the separate response category for zaleplon in the sedatives screener and the corresponding questions in the main module.	Changes approved by SAMHSA. RTI has made these changes in the CAI specs.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Sedatives screener and main module	Dalmane® has been discontinued, but the generic is still available.	Drop Dalmane® from the sedatives screener and main module. Consider replacing the items for Flurazepam with "Flurazepam (generic), also known as Dalmane."	Changes approved by SAMHSA to drop Dalmane® and replace "Flurazepam" with "Flurazepam (generic), also known as Dalmane." RTI has moved Restoril® and temazepam to SV03 in the sedatives screener. Moved SVY13 and SVY13a to appear between SVY10a and SVY11.
DRSV11 and DRSV12	The CAI instrument asks whether the respondent suffers from one or more symptoms of withdrawal in DRSV11 and DRSV12, but the DSM-IV criteria call for two or more symptoms.	Update the criteria to be consistent with the DSM-IV for 2015.	Change approved by SAMHSA. RTI will correct the criteria for 2015.
QD16a	Those who report not having moved in the last year (at QD13) are being asked if they have lived in the United States for at least a year unnecessarily.	Skip those who report not having moved in the past year (QD13) out of QD16a (lived in the United States for at least a year).	Change approved by SAMHSA. RTI to pursue.
QP02	The default value for "sample member" is problematic.	Brainstorm a new default value for "sample member."	SAMHSA approved. In progress.
QH113 and QH114	These screens have electronic calendars. Because they are being moved to CAPI, respondents will no longer have calendar access to assist in answering the questions.	Add "that is from (fill) through today" to the question text for these items.	Change approved by SAMHSA. RTI will pursue.

See notes at end of table.

(continued)

Table 8.1 Issues Identified for Screener and Questionnaire Items from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Questionnaire (continued)

Questionnaire Item	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Questionnaire	Decision
Q108N	QI08N asks about cash assistance from a State or county welfare program, yet some States do not have counties (e.g., Alaska has boroughs, and Louisiana has parishes).	Alter the wording of the question based on State recorded earlier in the interview.	Change approved by SAMHSA. RTI will pursue.

APAP = acetaminophen; CAI = computer-assisted interviewing; CAPI = computer-assisted personal interviewing; DR = Dress Rehearsal; DSM-IV = *Diagnostic and Statistical Manual of Mental Disorders*, 4th edition; FDA = U.S. Food and Drug Administration; FI = field interviewer; MFU = month of first use; mg = milligram; OTC = over-the-counter; QFT = Questionnaire Field Test; RTI = RTI International (a trade name of Research triangle Institute); SAMHSA = Substance Abuse and Mental Health Services Administration; specs = specifications; YFU = year of first use.

Table 8.2 Issues Identified for Training and Materials from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol

Training/Materials Element	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Protocol	Decision
Materials	Response options for QHI15 are currently not read to respondents. This option could unnecessarily be associated with high respondent burden if a respondent was trying to differentiate between 18 months ago and 2 years ago. Instead, those fall into the same response category.	Develop showcard for QHI15.	Will not be pursued.
Materials	During a field observation, a respondent did not notice the instruction to press the space bar to enter more than one response. He asked for help, but the FI did not know about this type of item and just told him to do his best, which did not solve the problem.	Develop a job aid to provide a summary of types of response options or errors to allow FIs to troubleshoot respondent issues. This could include a mention of "check all that apply" items, open-ended items, a discrete list, open-ended numeric, and so on. It could also include explanations of range checks and hard errors that respondents may encounter.	Will be changed for 2015.
Training	Some FIs do not seem to be familiar with the instruction that they can say, "Is that you?" if obvious during the CAI HH roster.	FIs should be reminded of this option during training so as to minimize respondent confusion when responding "Self."	Will be changed for 2015.
Training	Some trainees reported that the pace of the training was not right for them.	Revise the training agenda as needed to reflect timing and pacing issues noted and make adjustments as feasible.	Will be pursued, pending SAMHSA review.

See notes at end of table.

(continued)

Table 8.2 Issues Identified for Training and Materials from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol (continued)

Training/Materials Element	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Protocol	Decision
Training	FI laptops will not have CD drives.	Investigate options for Web-based training.	RTI will summarize the pros and cons and cost estimate of switching to Web-based training and submit it to SAMHSA.
Training	Some FIs were unfamiliar with the computer equipment (particularly the tablet), which caused some difficulty during training.	Ship the tablets to FIs in advance of the training to allow them opportunities to practice and gain familiarity prior to classroom learning. Extend the training agenda to include additional time on the equipment.	Change approved by SAMHSA. Equipment will be purchased earlier and shipped to FIs prior to 2015 veteran training.
Training	Some FIs appeared to lack knowledge of proper NSDUH procedures.	Extend the training agenda to focus additional time on the application of proper NSDUH interviewing procedures. Conduct a certification exercise at the conclusion of training to formally evaluate each FI's adherence to screening and interviewing procedures.	Pending SAMHSA approval. Cost estimate submitted by RTI to SAMHSA on 12/9/13.
Training	Observers noticed some FIs struggling with the introduction screen and use of correct terminology.	Provide additional emphasis on and practice with reading the introductory screen and using correct terminology when speaking to respondents.	Will be pursued, pending SAMHSA review.
Training	Observers noticed some difficulties with respondents being confused when asked the race/ethnicity questions.	Provide additional training and practice on how to address respondent confusion with the race/ethnicity questions.	Will be pursued, pending SAMHSA review.
Training	Some FIs have problems with basic troubleshooting of the interviewing laptop.	Provide FIs with additional documentation and training on laptop troubleshooting.	Will be pursued, pending SAMHSA review.

CAI HH = computer-assisted interviewing household; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; RTI = RTI International (a trade name of Research triangle Institute); SAMHSA = Substance Abuse and Mental Health Services Administration.

Table 8.3 Issues Identified for Field Equipment from the QFT or DR Analysis and Recommendation for the 2015 Partially Redesigned Protocol

Equipment Element	Issue(s) Identified in QFT and/or DR	Recommendation for 2015 Redesigned Protocol	Decision
Letter-generating system	At the end of the DR data collection period, a problem was discovered in the letter-generating system that prevented refusal and UTC letters from being sent. Although letters were requested by the field, the letters were not sent to respondents from RTI as planned	RTI to address system problem to ensure that this is not a problem in subsequent data collection.	Pending.
Laptop bag	The laptop bag was not well received due to the design of its strap and pockets, based on equipment survey results and comments.	Identify a bag that has straps connecting to its sides (rather than on the front and back), more interior pockets, and fewer zippered pockets. Consider the Samsonite bag for 2015 that was considered for the DR.	Pending.
Laptop	Function keys were not easily identifiable and confusing to some.	Use a different labeling method to identify function keys and make them more easily identifiable. Attempt to purchase laptops that have larger function keys or otherwise make the function keys more easily read.	Pending.
Screening/tablet	Some FIs reported that the additional password on the tablet screen was cumbersome.	Consider removing the extra password from the tablet screen.	Pending.

DR = Dress Rehearsal; FI = field interviewer; QFT = Questionnaire Field Test; RTI = RTI International (a trade name of Research triangle Institute); UTC = unable to contact.

Table 8.4 Estimates and Items Identified from the QFT or DR Analysis for Preview in the 2015 Early Data Review

Estimate or Questionnaire Item[1]	Item Missingness Rate Was Significantly Higher than Comparison Data	Estimate Was Significantly Different from Comparison Data
Are you now married, widowed, divorced, or separated, or have you never married? (QD07)	Yes	No
Is anyone in your immediate family currently serving in the U.S. military? (QD10d)	Yes	N/A
How many times in the past 12 months have you moved? (QD13)	Yes	No
In what State did you live in 1 year ago today? (QD13a)	Yes	N/A
Are you a full-time student or a part-time student? (QD19)	Yes	No
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)	Yes	No
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	Yes	No
Did you work at a job or business at any time last week? (QD26)	Yes	Yes
Did you work at a job or business at any time during the past 12 months? (QD33)	Yes	No
How many different employers have you had in the past 12 months? (QD36)	Yes	No
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	Yes	Yes
In what year did you last work at a job or business? (QD39a)	Yes	N/A
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	Yes	No
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	Yes	No
How many people work for your employer out of this office, store, etc.? (QD42)	Yes	Yes
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	Yes	Yes
In [YEAR], did you receive food stamps? (QI07N)	Yes	Yes

See notes at end of table. (continued)

Table 8.4 Estimates and Items Identified from the QFT or DR Analysis for Preview in the 2015 Early Data Review (continued)

Estimate or Questionnaire Item[1]	Item Missingness Rate Was Significantly Higher than Comparison Data	Estimate Was Significantly Different from Comparison Data
At any time during [YEAR], even for 1 month, did you receive any cash assistance from a State or county welfare program such as [TANFFILL]? (QI08N)	Yes	No
In [YEAR], because of low income, did you receive any other kind of nonmonetary welfare or public assistance? (QI10N)	Yes	No
What is the highest grade or year of school you have **completed**? Just give me the number from the card. (QD11)[2]	Yes	Yes
What grade or year of school are you **now** attending? / What grade or year of school will you be attending when your vacation is over? (QD18)	Yes	Yes
Please answer this question again. [IF QD17 = 1] What grade or year of school are you **now** attending? / [IF QD17b = 1] What grade or year of school will you be attending when your vacation is over? (QD18CC03)	Yes	Yes
Please answer this question again. What is the highest grade or year of school you have **completed**? (QD18CC04)	Yes	Yes

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[1] The Early Data Review provides unweighted results from data collected in the first 2 weeks of the survey year.

[2] The changes to the education categories in QD11 could affect the classification of highest education for adults in 2015.

Table 8.5 Estimates and Items Identified from the QFT or DR Analysis for Priority Examination in the 2015 6-Month Tables

Estimate or Questionnaire Item[1]	Item Missingness Rate Was Significantly Higher Than Comparison Data	Estimate Was Significantly Different from Comparison Data
Lifetime Inhalants Use	No	Yes
Past Year Smokeless Tobacco Use	No	Yes
Past Month Smokeless Tobacco Use	No	Yes
Past Month Serious Psychological Distress (SPD)	No	Yes
Past Year Cocaine Use	No	Yes
Past Month Cocaine Use	No	Yes
Past Year Heroin Use	No	Yes
Past Month Heroin Use	No	Yes
Lifetime Use of Any Prescription Drug	No	Yes
Past Year Use of Any Prescription Drug	No	Yes
Cell Phone Status	No	Yes

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

[1] The 6-month tables provide weighted results for data collected from January through June of the survey year.

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Appendix A: Screener and Questionnaire Changes Made for the Questionnaire Field Test (QFT) and Instrument and Protocol Revisions Made for the Dress Rehearsal (DR)

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Table A.1 Changes between the 2012 NSDUH Screener and the 2012 Questionnaire Field Test (QFT) Screener

Screener Item	QFT Changes	Notes
Study Introduction Screen	• On study introduction screen, "RTI International" replaced previous mentions of "RTI" or "Research Triangle Institute," and "US Public Health Service" was replaced with "US Department of Health and Human Services."	
Informed Consent Screen	• Replaced mentions of the incentive by saying, "$30 in cash" as opposed to "$30 cash payment."	This change also was made in 2013.
Confirm Roster Screen	• Removed "Other" and "Unspecified" from verify roster screen for roster members who are missing race, ethnicity, or military status.	This deletion was also made in 2013.
FI Debriefing Items	• New FI debriefing questions were added and administered at the end of the screening for codes 30, 31, 32, and 70 cases.	

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire

Module	QFT Changes	Notes
Core Demographics	• Moved the marital status questions out of this module to the back-end ACASI. • Revised response categories for educational attainment in QD11, adding additional degree-level detail (from 17 to 20 categories). • Added "Guamanian or Chamorro" and "Samoan" race categories. • Added questions for military veterans to identify era served and whether in combat zone.	Race and military changes also were made in 2013. Further revised era response categories for DR.
Beginning ACASI Section	• Added question for the FI or R to indicate that the R has already done the tutorial so he or she does not have to do the full tutorial again.	Added logic to PREVCOM2 in DR to only ask of adults.
ACASI Tutorial	**No Changes**	
Calendar	• New electronic version was introduced in the tutorial, so calendar-filling questions were altered to reflect the on-screen calendar. • This module was moved to follow the ACASI tutorial and was administered via ACASI.	
Tobacco	• Combined smokeless sections into one section. • Dropped smokeless brands.	
Alcohol	• Changed binge definition to four or more drinks for females.	
Marijuana	**No Changes**	
Cocaine	**No Changes**	
Crack	**No Changes**	
Heroin	**No Changes**	
Hallucinogens	• Moved questions about Ketamine/Special K, DMT/AMT/Foxy, and *Salvia divinorum* from the special drugs module to hallucinogens.	
Inhalants	• Added questions about markers and air duster.	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
***Methamphetamine**	• Created a new methamphetamine module modeled after cocaine.	
All Prescription Drugs ****Screener and Main Module**	• Adapted each of the former prescription drug modules to two new modules: a screener and a main module. – Added the word "prescription" to the introduction for each section. – Electronic pill cards replaced the showcards. • Adopted "ensemble format": All screener modules determining any use in past 12 months are asked before misuse (main) modules. • The main modules measured misuse among those drugs that were used in the past 12 months, as well as lifetime misuse. • Discontinued prescription drugs were deleted, and newly available drugs were added. • Drugs currently asked about in noncore modules were moved to the appropriate prescription drug module. • Edited the definition of misuse to generally refer to use "in any way **a doctor did not direct you to use them."**	
Pain Relievers ****Screener and Main Module** Tranquilizers ****Screener and Main Module**	• See changes described under "All Prescription Drugs." • See changes described under "All Prescription Drugs."	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Stimulants ****Screener and Main Module**	• See changes described under "All Prescription Drugs." • Moved questions about 12-month and 30-day needle use from special drugs module to stimulants.	
Sedatives ****Screener and Main Module**	• See changes described under "All Prescription Drugs."	
Special Drugs	• Removed all methamphetamine questions except lifetime and recency of methamphetamine needle use. • Removed "Desoxyn, or Methedrine" because they are no longer on the market. • Removed Ketamine/Special K, DMT/AMT/Foxy, and *Salvia divinorum*, Ambien®, and Adderall®, moving them to other modules as appropriate. • Moved stimulant needle use lifetime and recency questions to stimulants module. • Added an introduction to SD17 (2013 variable SD12), the question about reusing needles, to remind Rs about needle use reported in the stimulant module. • Replaced all instances of "not prescribed for you or that you took only for the experience or feeling it caused" with "not prescribed for you."	
Risk/Availability	**No Changes**	
Blunts	• Added questions on medical marijuana use (MJMM01 and MJMM02).	Medical marijuana questions also were added in 2013.

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Substance Dependence and Abuse	• Updated the stimulant questions to reflect the separate methamphetamine and prescription stimulants modules.	
Special Topics	**No Changes**	
Market Information for Marijuana	• Dropped entire module.	
Prior Substance Use	• Dropped all prescription drug and methamphetamine questions. • Dropped "which (substance use) came first" questions.	
Drug Treatment	**No Changes**	
Health Care	• Extended the module to ask questions about a number of additional topics, including revising the list of health conditions, adding questions about cancer diagnosis, and asking about the age at first diagnosis of other conditions. • Added height and weight questions. • Added questions on whether R has had discussions with a doctor about substance use in the past year.	Height, weight, and the discussions one has had with a doctor about substance use in the past year also were added in 2013.
Adult Mental Health Service Utilization	**No Changes**	
Social Environment	• Dropped SEN04 - # of times moved in past 5 years.	
Parenting Experiences	**No Changes**	
Youth Experiences	• Dropped YE04 - # of times moved in past 5 years.	
Mental Health	**No Changes**	
Adult Depression	**No Changes**	
Youth Mental Health Service Utilization	**No Changes**	
Adolescent Depression	**No Changes**	
Consumption of Alcohol	• Dropped all prescription drugs (except for methamphetamine) from "used with alcohol" question (CA09). • Dropped 4+ binge questions for females.	

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
End of ACASI & Back-End Demographics	• Moved to ACASI. • QD13 (number of moves in the past 12 months) was edited to add the interviewer note to the question text. • Added six questions about disability. • Added a question about English-speaking ability.	Sexual orientation questions were added in the DR.
Education	• Moved to ACASI. • Revised consistency check questions to be consistent with the revised categories in QD11 (educational attainment). • Moved questions about marital status to this module. • Added questions about military families to this module.	Military families' questions were edited in the DR.
Employment	• Moved to ACASI. • Dropped I&O questions (job titles, industries).	
Household Roster	• Dropped step, foster, adoptive descriptions of children and parents.	
Proxy Information	• Edited the statement that asks Rs about whether they would like to nominate a proxy (PROXYINT), adding the information that the next questions are about the family's income as well.	This change also was made in 2013.
****Beginning Proxy Tutorial**	• New module to introduce proxy R to CAI program. • Administered via CAPI.	
****Proxy Tutorial**	• New module to introduce proxy R to CAI program. • Administered via ACASI.	

See notes at end of table. (continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Health Insurance	• Moved to ACASI. • Explanations on what CHAMPUS and CHAMPVA stand for were edited. • Edited wording of QHI02 (Medicaid) to include information formerly in an interviewer note. • Edited wording of QHI02a (CHIP) to include information formerly in an interviewer note. • Edited wording of QHI03 (CHAMPUS) to include information formerly in parentheticals and an interviewer note. • Edited wording of QHI06 (private health insurance) to include information formerly in an interviewer note. • Edited wording of QHI07 (source of private health insurance) to include information formerly in an interviewer note. • Edited wording of QHI11 (other health insurance) to include information formerly in an interviewer note. • Edited wording of QHI14 (time without health insurance) to include information formerly in an interviewer note.	Explanations on what CHAMPUS and CHAMPVA stand for were also edited in 2013.

See notes at end of table.

(continued)

Table A.2 Changes between the 2012 NSDUH Questionnaire and the 2012 Questionnaire Field Test (QFT) Questionnaire (continued)

Module	QFT Changes	Notes
Income	• Moved to ACASI. • Edited wording of QI01N (social security or railroad retirement payments) to include information formerly in an interviewer note and removed parenthetical statement about checks being mailed on the 3rd of the month in a gold envelope. • Edited wording of QI03N (SSI) to include information formerly in an interviewer note. • Edited wording of QI07N (food stamps) to include information formerly in an interviewer note. • Removed the information formerly contained in an interviewer note for QI08N (TANF). • Edited wording of QI10N (non-monetary welfare) to include information formerly in an interviewer note. • Edited INTRTINN for ACASI administration. • Top response category for income was revised to $150,000 or more. • Replaced telephone landline question with two questions about cellular phones.	The parenthetical statement was also removed from QI01N in 2013. Further edits to the wording of INTRTINN were also made in 2013. Changed the question to gender-appropriate pronoun in INTROINC in 2013.
Incentive	• Made slight wording changes, such as change "pay" to "hand" or "given."	Change also made in 2013.
Verification	• Changed "mailing" to "current" address.	Change also made in 2013.
FI Observation Questions	• Moved to tablet and tailored for QFT.	

ACASI = audio computer-assisted self-interviewing; AMT = alpha-methyltryptamine; CAI = computer-assisted interviewing; CAPI = computer-assisted personal interviewing; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; CHIP = Children's Health Insurance Program; DMT = dimethyltryptamine; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; R = respondent; SSI = supplemental security income; TANF = Temporary Assistance for Needy Families; VA = Department of Veterans Affairs.

NOTE: The QFT interviews were conducted in English only.

Table A.3 Changes between the 2012 Questionnaire Field Test (QFT) Screener and the 2013 Dress Rehearsal (DR) Screener

Screener Item	DR Changes	Notes
SDU Characteristic Screen	• Removed.	This screen also will be removed for 2014.
Controlled Access Type Screen	• Removed.	This screen also will be removed for 2014.
Confirm Roster Screen	• Removed "Other" and "Unspecified" from verify roster screen for roster members who are missing race, ethnicity, or military status.	This deletion was also made in 2013.
Administrative Items	• Added ability to enter appointments in tablet calendar. • Added the call distribution feature.	
FI Debriefing Items	• Debriefing items were dropped for codes 30, 31, and 32. FIs will answer debriefing items only for interview Rs (code 70).	

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire

CAI Module	DR Changes	Notes
Core Demographics	• Updated response options for military service periods.	Updated response options also will be used in 2014.
Beginning ACASI Section	• Removed the F7 function, which muted the sound during ACASI. • Added logic so that interviewers were no longer asked whether an adolescent R had previously served as a proxy.	
ACASI Tutorial	• Edited questions throughout the tutorial for clarity. • Edited final response option in ALLAPPLY to "something else" (kinds of music listened to). • Added language about how to enter a response after closing the F2 Help box. • Added "Practice Question #" on each screen to clarify that the questions are unrelated to the survey content.	The edited response option in ALLAPPLY also will be used in 2014.
Calendar	• Edited the calendar screen to indicate how to close the calendar by pressing F1 again.	
Tobacco	• Changed the name of "Macanudos" to "Macanudo" for accuracy.	
Alcohol	**No Changes**	
Marijuana	**No Changes**	
Cocaine	**No Changes**	
Crack	**No Changes**	
Heroin	**No Changes**	
Hallucinogens	• Fixed a routing error in three recency variables that affected nine cases in the QFT.	
Inhalants	**No Changes**	
Methamphetamine	**No Changes**	

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
All Prescription Drug Screeners	**No Changes**	
All Prescription Drug Main Modules	• Removed Help screens from all prescription drug questions except age at first use items. • Added logic to identify Rs with unknown recent initiation. A variable was created to identify and route these Rs to another new variable that asks about initiation of misuse of prescription pain relievers more than 12 months ago if the only definite reports of initiation occurred in the past 12 months, or all initiation data were missing. • Fixed a skip pattern error that skipped source of prescription drug for adolescents in the QFT. • Edited logic and ranges throughout the modules for accuracy.	
Prescription Pain Reliever Main Module	• Changes listed above. • Edited response options of PRYMOT1 for consistency with the other prescription drug questions.	
Tranquilizers Main Module Stimulants Main Module	• Changes listed above. • Changes listed above.	
Sedatives Main Module	• Changes listed above.	
Special Drugs	**No Changes**	
Risk/Availability	**No Changes**	
Blunts	• Edited routing into MJMM01 and MJMM02 (medical marijuana) to include all Rs who earlier reported marijuana use in the past 12 months. • Added the words, "or other health care professional" to the medical marijuana questions.	• Edit also will be used in 2014. • Edit will be used in 2013.

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
Substance Dependence and Abuse	• Redefined MET12MON (the variable defining 12-month use of methamphetamine) to include use of methamphetamine with a needle reported in the special drugs module.	
Special Topics	**No Changes**	
Prior Substance Use	**No Changes**	
Drug Treatment	• Changed the data structure on TX10 to allow R to choose all 12 possible options. This corrected a QFT error.	
Health Care	• Added "B or C" to "Hepatitis" in HLTH25 for more precise description of condition. • Edited logic so that Rs who are diagnosed with cancer at their current age are no longer asked whether they had cancer in the past 12 months. • Edited ranges for height in feet and inches for accuracy and increased upper limit for weight.	New ranges for height and weight were changes via a patch at the start of Q2 data collection.
Adult Mental Health Service Utilization	**No Changes**	
Social Environment	**No Changes**	
Parenting Experiences	**No Changes**	
Youth Experiences	**No Changes**	
Mental Health	**No Changes**	
Adult Depression	**No Changes**	
Youth Mental Health Service Utilization	**No Changes**	
Adolescent Depression	**No Changes**	
Consumption of Alcohol	**No Changes**	

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
End of ACASI & Back-End Demographics	• Added two questions on sexual attraction and identity.	
Education	• Further revised consistency check questions to be consistent with categories in QD11 (educational attainment). • Moved definition of "immediate family" from help screen to question text in military family questions. • Made other minor wording changes to military questions for clarity. • Added an "Other, Specify" item in the military family series.	
Employment	• Edited the Help instructions to several questions. • Deleted question about size of workplace. • Added a new variable and appropriate logic, which instructs Rs to lock the ACASI portion of the instrument before returning the computer to the interviewer (PENTER1).	
Household Roster	**No Changes**	
Proxy Information/ Decision	• Edited logic so if a R lists a parent, grandparent, or in-law as a household member, these relations will be listed regardless of missing age data.	This change also was made in 2013.
Beginning Proxy Tutorial	• Added wording noting that the proxy's family member nominated him or her to take part in the interview. • Added "and headphones" to IntrAcasi1b. • Deleted the F7 instruction for the proxy.	
Proxy Tutorial	• Edited wording of tutorial questions for clarity. • Added language about how to enter a response after closing the F2 box. Added this language to all questions that include F2 Help boxes.	

See notes at end of table.

(continued)

Table A.4 Changes between the 2012 Questionnaire Field Test (QFT) Questionnaire and the 2013 Dress Rehearsal (DR) Questionnaire (continued)

CAI Module	DR Changes	Notes
Health Insurance	• Updated State program names for Medicaid, CHIP, and TANF. • Removed Help instructions in QHI06 (private health insurance) and moved key terms to the question itself. • Dropped "including Indian Health Insurance" from QHI11.	
Income	• Edited the wording of INTROINC for improved flow. • Deleted QI05N (income from wages or pay) and added this source to the list in INTRTINN. • Edited the wording of QI03N (SSI) for accuracy. • Edited the wordings of QI07N (food stamps) for accuracy. • Edited the list of income sources in INTRTINN. Also edited the introductory text. • Added a new variable and appropriate logic, which instructs Rs to lock the ACASI portion of the instrument before returning the computer to the FI.	INTROINC wording change also will be used in 2014.
Incentive	**No Changes**	
Verification	• Edited the wording of TOALLR3I for clarity.	

ACASI = audio computer-assisted self-interviewing; CAI = computer-assisted interviewing; CHIP = Children's Health Insurance Program; DR = Dress Rehearsal; FI = field interviewer; NSDUH = National Survey on Drug Use and Health; QFT = Questionnaire Field Test; R = respondent; SSI = supplemental security income; TANF = Temporary Assistance for Needy Families.

NOTE: DR interviews were conducted in both English and Spanish.

Appendix B: Item Missingness Tables for English-Language and Spanish-Language Interviews

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Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Ever used Ketamine (LS01i[6])	55,231	79	0.1	26,617	34	0.1	3,012	2	0.1
Ever used DMT, AMT, or Foxy (LS01j[6])	55,230	106	0.2	26,617	49	0.1	3,012	5	0.2
Ever used *Salvia divinorum* (LS01k[6])	55,230	112	0.1	26,617	53	0.2	3,012	3	0.1
How long has it been since you last used Ketamine? (LS33[6])	585	5	0.1[a]	296	2	0.3	40	0[*]	0.0[*]
How long has it been since you last used DMT, AMT, or Foxy? (LS34[6])	528	2	0.2	305	1	0.3	32	1[*]	1.1[*]
How long has it been since you last used *Salvia divinorum*? (LS35[6])	2,000	4	0.1[a]	845	1	0.1	74	0[*]	0.0[*]
Ever used a needle to inject any drug that was not prescribed for you (SD15[7])	55,231	24	0.0	26,617	15	0.0	3,012	2	0.0
Are you now married, widowed, divorced or separated, or have you never married? (QD07)	46,543	4	0.0[a]	22,357	7	0.1[a]	2,681	12	0.3
How many times have you been married? (QD08)	18,031	7	0.1	8,543	1	0.0	1,352	3	0.2
How many times in the past 12 months have you moved? (QD13)	55,229	38	0.0[a]	13,958	5	0.0[a]	3,012	37	0.8
In what State did you live in one year ago today? (QD13a)	16,540	8	0.0[a]	7,854	0[*]	0.0[a*]	917	8	0.6

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Were you born in the United States? (QD14)	55,229	4	0.0*	26,614	1*	0.0*	3,012	2	0.1
Have you lived in the United States for at least one year? (QD16a)	3,289	0*	0.0*	1,580	0*	0.0*	279	0*	0.0*
How many years have you lived in the United States? (QD16b)	3,111	3	0.1	1,502	1	0.0	265	2	0.4
How many months have you lived in the United States? (QD16c)	178	0*	0.0[a]*	78	0*	0.0[a]*	14	3*	30.0*
Are you now attending or are you currently enrolled in school? (QD17)	55,229	3	0.0*	26,614	0*	0.0*	3,012	6	0.1
What grade or year of school are you now attending? (QD18)	27,235	8	0.1	12,977	4	0.1	1,080	2	0.4
Are you a full-time student or a part-time student? (QD19)	27,235	17	0.0[a]	12,977	14	0.1[a]	1,080	11	0.8
During the past 30 days how many whole days of school did you miss because you were sick or injured? (QD20)	24,829	73	0.2[a]	11,853	38	0.3	924	11	0.7
During the past 30 days how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	21,257	21	0.1[a]	8,462	16	0.2	808	7	0.6
Did you work at a job or business at any time last week? (QD26)	46,539	5	0.0[a]	22,354	2	0.0[a]	2,681	11	0.2

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Even though you did not work at any time last week, did you have a job or business? (QD27)	21,008	2	0.0	9,838	1	0.1	1,166	3	0.2
How many hours did you work last week at all jobs or businesses? (QD28)	25,525	23	0.1	12,514	12	0.1	1,504	5	0.3
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	28,302	22	0.1	13,853	11	0.0	1,666	2	0.1
Which one of these reasons best describes why you did not work last week? (QD30)	2,777	2	0.2	1,339	2	0.3	162	1*	0.1
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	18,231	2	0.0[a]	8,499	5	0.0[a]	1,004	7	0.5
During the past 30 days, did you make specific efforts to find work? (QD32)	4,493	0*	0.0*	2,029	1	0.0	231	1*	0.0
Did you work at a job or business at any time during the past 12 months? (QD33)	18,235	7	0.0[a]	8,501	3	0.1[a]	1,015	15	0.8
How many different employers have you had in the past 12 months? (QD36)	28,329	14	0.0[a]	13,804	7	0.0[a]	1,582	17	1.0
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	28,302	9	0.0	13,853	4	0.0	1,666	5	0.2
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	6,134	52	0.9[a]	3,101	25	0.6[a]	341	18	3.8

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
In what year did you last work at a job or business? (QD39a)	18,230	84	0.8[a]	8,499	45	1.1[a]	1,004	40	4.8
In what month in did you last work at a job or business? (QD39b)	5,911	39	0.7	2,797	10	0.3	271	2	0.6
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	28,302	16	0.0[a]	13,853	10	0.1[a]	1,666	16	0.6
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	28,302	9	0.0[a]	13,853	11	0.1[a]	1,666	14	0.4
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	28,302	1,532	4.4[a]	13,853	809	5.6[a]	1,666	56	2.9
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	20,439	358	1.8[a]	9,968	172	2.2[a]	1,227	8	0.6
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	28,302	176	0.6	13,853	109	0.8[a]	1,666	11	0.3
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	28,302	4,048	11.9[a]	13,853	2,055	12.2[a]	1,666	117	7.2
Does your workplace ever test its employees for alcohol use? (QD47)	28,302	1,721	5.7[a]	13,853	843	6.5[a]	1,666	61	3.2

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Does your workplace ever test its employees for drug use? (QD48)	28,302	1,391	4.8[a]	13,853	671	4.8[a]	1,666	53	3.3
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	12,654	212	2.0[a]	6,269	88	1.9[a]	749	6	0.7
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	12,654	759	5.5[a]	6,269	384	6.3[a]	749	21	2.6
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	12,654	1,743	14.1	6,269	915	16.8[a]	749	78	11.3
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	28,302	47	0.2	13,853	24	0.2	1,666	8	0.3
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	28,302	50	0.2	13,853	25	0.1	1,666	8	0.3
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	55,224	193	0.2	26,614	104	0.2	3,011	20	0.4
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	1,068	7	0.1	546	1	0.1	132	1[*]	0.6[*]
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	55,224	340	0.4[a]	26,614	188	0.4[a]	3,011	37	0.9
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	175	0[*]	0.0[*]	95	1	0.2	19	0[*]	0.0[*]

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	22,027	495	2.4	10,692	283	2.5	864	22	3.0
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	55,224	191	0.2[a]	26,614	137	0.3	3,011	21	0.6
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	55,224	386	0.4	26,614	212	0.4	3,011	38	0.7
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	35,740	143	0.3[a]	17,128	69	0.2[a]	1,756	3	0.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	35,740	16,350	44.5[a]	17,128	7,864	43.9[a]	1,756	486	26.0
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	35,740	16,257	44.7[a]	17,128	7,823	44.3[a]	1,756	500	27.1
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	35,740	9,681	26.8[a]	17,128	4,674	27.1[a]	1,756	311	17.5
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	8,112	20	0.2	3,792	13	0.1	565	1	0.1
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	47,982	109	0.1	23,191	66	0.2	2,544	8	0.2

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	3,540	27	0.4	1,594	6	0.1	211	3	0.9
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	6,781	49	0.4[a]	3,182	34	0.8[a]	429	1	0.1
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	6,259	34	0.4	2,927	14	0.2	352	3	0.6
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18[8])	55,232	7	0.0	255	0[*]	0.0[*]	77	1[*]	0.4[*]
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	55,224	535	0.6	26,614	289	0.7	3,011	47	1.0
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	55,224	703	0.8[a]	26,614	397	1.0	3,011	63	1.4
In [YEAR], did you receive food stamps? (QI07N)	55,224	240	0.3	26,614	113	0.3	3,011	32	0.6
At any time during [YEAR], even for one month, did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	55,224	354	0.4[a]	26,614	189	0.4[a]	3,011	42	0.7

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	55,224	293	0.3[a]	26,614	139	0.3[a]	3,011	38	0.6
For how many months in [YEAR]did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	857	23	2.3	374	14	2.5	65	1[*]	1.0[*]
For how many months in [YEAR]did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	2,883	109	3.8	1,310	58	2.9	158	10	7.2
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	55,223	681	1.9[a]	26,614	339	2.1[a]	3,011	116	3.4
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21A)	38,838	467	2.3[a]	18,604	255	3.2	1,727	64	4.5
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21B)	15,704	361	3.5	7,671	164	2.9	1,181	41	3.7
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	34,968	2,044	7.9	16,930	1,032	8.2	1,576	127	8.9

See notes at end of table.

(continued)

Table B.1 Item Missingness Rates for Moved Items for English-Language Non-Hispanic Interviews in 2012 Comparison Data, 2013 Comparison Data, and Combined 2012 Questionnaire Field Test and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			Combined 2012 QFT and 2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	7,387	455	5.9	3,530	216	6.2	521	36	8.8
Of these income groups, which category best represents your total combined family income during [YEAR] (QI23B)	37,224	2,358	6.8	18,028	1,139	6.8	1,894	124	6.1

*Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; CHIP = Children's Health Insurance Program; DMT = dimethyltryptamine; DR = Dress Rehearsal; QFT = Questionnaire Field Test; TANF = Temporary Assistance for Needy Families; VA = Department of Veterans Affairs.

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

[a] Difference between estimate and combined 2012 QFT and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] QFT data collected from September 1 through November 3, 2012. DR data collected from September 1 through October 31, 2013.

[5] Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

[6] For 2012 and 2013 comparison data, these items correspond to items in the special drugs module, but were moved to the hallucinogens module in the QFT and DR.

[7] For 2012 and 2013 comparison data, this item corresponds to special drug item SD05.

[8] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Ever used Ketamine? (LS01i[6])	2,059	3	0.0	998	3	0.1	185	0*	0.0*
Ever used DMT, AMT, or Foxy? (LS01j[6])	2,059	4	0.0	998	5	0.2	185	0*	0.0*
Ever used *Salvia divinorum*? (LS01k[6])	2,059	1	0.0*	998	4	0.1	185	1*	0.1
How long has it been since you last used Ketamine? (LS33[6])	7	1*	0.0*	2	1*	82.6*	0	0*	.*
How long has it been since you last used DMT, AMT, or Foxy? (LS34[6])	2	0*	0.0*	0	0*	.*	0	0*	.*
How long has it been since you last used *Salvia divinorum*? (LS35[6])	7	0*	0.0*	6	0*	0.0*	2	0*	0.0*
Ever used a needle to inject any drug that was not prescribed for you? (SD15[7])	2,059	0*	0.0*	998	1	0.0	185	0*	0.0*
Are you now married, widowed, divorced or separated, or have you never married? (QD07)	1,822	2	0.0	867	0*	0.0*	169	2	0.3
How many times have you been married? (QD08)	979	0*	0.0*	476	0*	0.0*	117	0*	0.0*
How many times in the past 12 months have you moved? (QD13)	2,059	1	0.0[a]*	586	0*	0.0[a]*	185	8	2.0
In what State did you live in one year ago today? (QD13a)	633	1	0.0	272	0*	0.0*	56	2*	1.6*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Were you born in the United States? (QD14)	2,059	0*	0.0*	998	0*	0.0*	185	4	0.7
Have you lived in the United States for at least one year? (QD16a)	1,713	0*	0.0*	804	0*	0.0*	136	0*	0.0*
How many years have you lived in the United States? (QD16b)	1,649	2	0.2	761	0*	0.0*	132	2	1.3
How many months have you lived in the United States? (QD16c)	64	0*	0.0*	43	0*	0.0*	4	2*	20.5*
Are you now attending or are you currently enrolled in school? (QD17)	2,059	0*	0.0*	998	0*	0.0*	185	1*	0.3
What grade or year of school are you now attending? (QD18)	535	3	1.0*	282	1*	1.4*	41	2*	12.8*
Are you a full-time student or a part-time student? (QD19)	535	1	0.1	282	0*	0.0*	41	4*	12.4*
During the past 30 days how many whole days of school did you miss because you were sick or injured? (QD20)	474	2	0.1	254	1*	0.2	32	1*	0.6*
During the past 30 days how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)	422	1	0.0	207	1*	0.3	31	2*	1.0*
Did you work at a job or business at any time last week? (QD26)	1,820	1	0.2	867	0*	0.0*	169	4	1.3

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Even though you did not work at any time last week, did you have a job or business? (QD27)	765	0*	0.0*	355	0*	0.0*	92	1*	0.1*
How many hours did you work last week at all jobs or businesses? (QD28)	1,054	1	0.2	512	0*	0.0*	73	1*	1.2*
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)	1,137	1	0.1	542	0*	0.0*	80	0*	0.0*
Which one of these reasons best describes why you did not work last week? (QD30)	83	0*	0.0*	30	0*	0.0*	7	1*	11.3*
Which one of these reasons best describes why you did not have a job or business last week? (QD31)	682	1	0.0*	325	0*	0.0*	85	5*	1.4*
During the past 30 days, did you make specific efforts to find work? (QD32)	140	0*	0.0*	65	0*	0.0*	20	0*	0.0*
Did you work at a job or business at any time during the past 12 months? (QD33)	683	0*	0.0*	325	0*	0.0*	89	2*	1.6*
How many different employers have you had in the past 12 months? (QD36)	1,040	2	0.4*	489	0*	0.0*	82	3*	2.2*
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)	1,137	0*	0.0*	542	1	0.1	80	0*	0.0*
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)	232	0*	0.0[a]*	106	0*	0.0[a]*	20	5*	32.1*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
In what year did you last work at a job or business? (QD39a)	682	6	2.2	325	3	0.7[a]	85	9*	10.0*
In what month in did you last work at a job or business? (QD39b)	137	0*	0.0*	61	3*	2.8*	12	0*	0.0*
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)	1,137	3	0.3[a]	542	0*	0.0[a]*	80	7*	6.2*
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)	1,137	3	0.4[a]	542	0*	0.0[a]*	80	6*	5.1*
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)	1,137	33	1.9	542	14	2.7	80	2*	4.4*
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)	665	8	1.2	325	1	0.1	55	0*	0.0*
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)	1,137	7	0.6[a]	542	3	0.2	80	0*	0.0*
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)	1,137	96	7.7	542	50	9.1	80	4*	4.8*
Does your workplace ever test its employees for alcohol use? (QD47)	1,137	24	1.9	542	14	1.8	80	2*	2.3*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Does your workplace ever test its employees for drug use? (QD48)	1,137	19	1.4	542	13	1.8	80	2*	2.3*
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)	422	1	0.0	202	1*	0.8*	38	1*	3.3*
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)	422	16	2.8	202	13	3.8	38	1*	2.3*
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)	422	24	4.8	202	16	6.4	38	3*	6.8*
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)	1,137	10	1.0	542	3	0.8	80	2*	1.9*
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)	1,137	10	1.0[a]	542	3	0.8	80	0*	0.0*
[SAMPLE MEMBER A] covered by Medicare? (QHI01)	2,059	3	0.3	997	3	0.2	185	0*	0.0*
You have indicated that [SAMPLE MEMBER B] covered by Medicare. Is this correct? (QHI01v)	29	0*	0.0*	12	0*	0.0*	17	0*	0.0*
[SAMPLE MEMBER A] covered by Medicaid? (QHI02)	2,059	10	0.6[a]	997	2	0.0	185	0*	0.0*
You have indicated that [SAMPLE MEMBER B] covered by Medicaid. Is this correct? (QHI02v)	40	0*	0.0*	18	0*	0.0*	8	0*	0.0*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
[SAMPLE MEMBER A] currently covered by [CHIPFILL]? (QHI02A)	520	6	1.4	278	3	0.4	43	0*	0.0*
[SAMPLE MEMBER A] currently covered by TRICARE, or CHAMPUS, CHAMPVA, the VA, or military health care? (QHI03)	2,059	3	0.2	997	0*	0.0*	185	2	0.6
[SAMPLE MEMBER A] currently covered by private health insurance? (QHI06)	2,059	6	0.1	997	0*	0.0*	185	0*	0.0*
Was [SAMPLE MEMBER] private health insurance obtained through work? (QHI07)	345	1	0.3	172	0*	0.0*	37	0*	0.0*
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)	345	128	34.9[a]	172	74	41.9[a]	37	3*	9.1*
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)	345	134	36.1[a*]	172	74	43.8[a]	37	3*	9.1*
Does [SAMPLE MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)	345	89	20.0	172	50	23.2	37	2*	26.6*
[SAMPLE MEMBER A] currently covered by any kind of health insurance including Indian Health Insurance? (QHI11)	1,114	0*	0.0*	517	0*	0.0*	86	0*	0.0*
During the past 12 months, was there any time when [SAMPLE MEMBER] did not have any kind of health insurance or coverage? (QHI13)	996	3	0.5	515	0*	0.0*	101	0*	0.0*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
During the past 12 months, about how many months without any kind of health insurance or coverage? (QHI14)	123	0*	0.0*	55	0*	0.0*	16	0*	0.0*
About how long has it been since [SAMPLE MEMBER] last had any kind of health care coverage? (QHI15)	1,052	4	0.2	479	0*	0.0*	82	2*	2.4*
Which of these reasons is the main reason why [SAMPLE MEMBER] stopped being covered by health insurance? (QHI17)	438	3	0.6	207	3	0.8	40	5*	7.6*
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18[8])	2,061	2	0.1	272	2	0.6	42	3*	8.1*
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	2,059	7	0.2	997	3	0.1	185	2	0.6
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)	2,059	21	0.8	997	2	0.0	185	2	0.6
In [YEAR], did you receive food stamps? (QI07N)	2,059	9	0.6	997	2	0.4	185	3	1.5*
At any time during [YEAR], even for one month, did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	2,059	11	0.4	997	1	0.0	185	1*	0.3

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	2,059	6	0.1	997	0*	0.0*	185	1*	0.3
For how many months in [YEAR]did you or your [RELATIONSHIP] receive any type of welfare or public assistance? (QI12AN)	21	1*	0.4*	11	0*	0.0*	6	2*	47.0*
For how many months in [YEAR]did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12BN)	123	2*	2.3[a]*	81	3*	3.4[a]*	16	5*	27.7*
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)	2,059	32	1.8	997	14	1.9	185	14	6.0
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21A)	1,644	23	2.3	815	18	2.2	132	4	3.7
Of these income groups, which category best represents [SAMPLE MEMBER] total personal income during [YEAR]? (QI21B)	383	3	0.7	168	1*	0.1	40	3*	4.0*
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)	1,563	172	12.1	774	70	9.9	141	20	14.9*

See notes at end of table.

(continued)

Table B.2 Item Missingness Rates for Moved Items for Spanish-Language Interviews in 2012 Comparison Data, 2013 Comparison Data, and 2013 Dress Rehearsal Data among All Persons Aged 12 or Older (continued)

Instrument Item	2012 Comparison Data[1,2]			2013 Comparison Data[1,3]			2013 DR Data[1,4]		
	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Number of Cases Asked the Question (unweighted)	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A)	715	45	6.6	371	30	6.8	76	11*	10.7*
Of these income groups, which category best represents your total combined family income during [YEAR] (QI23B)	1,006	68	7.6	487	25	6.1	82	6*	5.2*

*Low precision; estimate would be suppressed under NSDUH suppression rules.

AMT = alpha-methyltryptamine; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyltryptamine; DR=Dress Rehearsal; VA = Department of Veterans Affairs.

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

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

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

[2] 2012 comparison data collected in quarters 1 through 4, 2012.

[3] 2013 comparison data collected in quarter 3 and quarter 4, 2013, through December 5, 2013.

[4] DR data collected from September 1 through October 31, 2013.

[5] Missing data include selection of responses of either "don't' know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

[6] For 2012 and 2013 comparison data, these items correspond to items in the special drugs module, but were moved to the hallucinogens module in the DR.

[7] For 2012 and 2013 comparison data, this item corresponds to special drug item SD05.

[8] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table B.3 Item Missingness Rates for New and Revised Items for English-Language Non-Hispanic Interviews in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among All Persons Aged 12 or Older

Instrument Item	2012 Questionnaire Field Test[1,2]			2013 Dress Rehearsal Data[1,3]		
	Type of Change for QFT[4]	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)	Type of Change for DR[4]	Number of Cases with Missing Data[5] (unweighted)	Percent Missing Data[5] (weighted)
Race (QD05[6])	R	0*	0.0*	R	1	0.1
Are you currently serving full-time in a Reserve component? (V2b)	N	0*	0.0*	N	0*	0.0*
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	0*	0.0*	N	0*	0.0*
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1[6])	N	0*	0.0*	N	0*	0.0*
What is the highest grade or year of school you have completed? (QD11)	R	0*	0.0*	R	0*	0.0*
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	0*	0.0*	R	0*	0.0*
How old were you the first time you used "smokeless" tobacco? (CG26)	R	0*	0.0*	R	2	1.0
Is anyone in your immediate family currently serving in the United States military? (QD10d)[7]	N	18	0.9	N	13	0.3
Which member or members of your immediate family are currently in the United States military? (QD10e)[7,8]	N	19	8.9[a]	N	4*	2.7*
People are different in their sexual attraction to other people. Which statement best describes your feelings? (QD62)	N/A	N/A	N/A	N	5	0.2
Which one of the following do you consider yourself to be? (QD63)	N/A	N/A	N/A	N	7	0.3

DR = Dress Rehearsal; QFT = Questionnaire Field Test.

*Low precision; estimate would be suppressed under NSDUH suppression rules.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.

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

[3] DR data collected from September 1 through October 31, 2013.

[4] Changes to questionnaire items fall under two categories: N = new item or R = revised item.

[5] Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.

[6] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).

[7] The definition of "immediate family" was moved from the "Help" screen to the question text, minor wording changes were made to these questions for clarity, and an "Other, Specify" item was added to this series of questions in the DR questionnaire.

[8] Estimates are percentages of all persons aged 12 or older, except where noted.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Table B.4 Item Missingness Rates for New and Revised Items for Spanish-Language Interviews in the 2013 Dress Rehearsal among All Persons Aged 12 or Older

Instrument Item	2013 Dress Rehearsal Data[1,2]		
	Type of Change for DR[3]	Number of Cases with Missing Data[4] (unweighted)	Percent Missing Data[4] (weighted)
Race (QD05[5])	R	1*	0.3
Are you currently serving full-time in a Reserve component? (V2b)	N	0*	.*
Have you ever served on active duty in the United States Armed Forces or Reserve components? (QD10a)	N	0*	.*
When did you serve on active duty in the United States Armed Forces or Reserve components? (QD10b1[5])	N	0*	.*
What is the highest grade or year of school you have completed? (QD11)	R	1*	0.2
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	R	0*	0.0*
How old were you the first time you used "smokeless" tobacco? (CG26)	R	0*	0.0*
Is anyone in your immediate family currently serving in the United States military? (QD10d)[6]	N	5	2.1*
Which member or members of your immediate family are currently in the United States military? (QD10e)[6,7]	N	0*	0.0*
People are different in their sexual attraction to other people. Which statement best describes your feelings? (QD62)	N	2	1.3
Which one of the following do you consider yourself to be? (QD63)	N	10	7.8

*Low precision; estimate would be suppressed under NSDUH suppression rules.

[1] Sample does not include Alaska or Hawaii. Sample includes Spanish-language interviews only.
[2] DR data collected from September 1 through October 31, 2013.
[3] Changes to questionnaire items fall under two categories: N = new item or R = revised item.
[4] Missing data include selection of responses of either "don't know" or "refused" for the question. "Missing Data (weighted)" denotes the weighted percentage of missing data. Denominators for these percentages were based on the total number of cases (i.e., respondents) who were asked the question.
[5] "Enter all that apply" question in which available response options were captured as separate variables. Respondents were not asked the question if all response options were coded as "blank" (e.g., 98 for 2-digit variables).
[6] The definition of "immediate family" was moved from the "Help" screen to the question text, minor wording changes were made to these questions for clarity, and an "Other, Specify" item was added to this series of questions in the DR questionnaire.
[7] Estimates are percentages of all persons aged 12 or older, except where noted.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2013.

Appendix C: Dress Rehearsal
Field Interviewer Training Survey Results

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This appendix provides a summary of field interviewer (FI) responses by question for the 2013 Dress Rehearsal (DR) FI training survey completed at the conclusion of the DR FI training sessions (August 25 and 27, 2013). Of the 135 DR FIs who successfully completed training, 133 FIs completed and transmitted the DR FI training survey.

DR FI Training Survey Question	**Less than 1 Year**	**1 to 2 Years**	**More than 2 Years but Less than 5 Years**	**More than 5 Years but Less than 10 Years**	**More than 10 Years**	**Total *n***
1. How long have you worked on NSDUH?	5% (7)	17% (23)	26% (34)	29% (39)	23% (30)	133

DR FI Training Survey Question	**Yes**	**No**	**Total *n***
2. Were you trained as an FI for the 2012 Questionnaire Field Test (QFT)?	47% (62)	53% (71)	133

DR FI Training Survey Question	**Strongly Agree**	**Agree**	**Neutral**	**Disagree**	**Strongly Disagree**	**Total *n***
3a. Reading the DR FI Handbook helped prepare me for training.	56% (74)	37% (49)	5% (6)	1% (1)	2% (3)	133
3b. Completing the DR iLearning course helped prepare me for training.	58% (77)	33% (44)	7% (9)	0% (0)	2% (3)	133
3c. The overall pace of the DR FI Training Session was just right for me.	35% (47)	44% (59)	11% (15)	6% (8)	3% (4)	133
3d. The paired screening and interview exercises completed during training were helpful.	52% (69)	40% (53)	4% (5)	2% (2)	3% (4)	133
3e. I feel ready to properly conduct DR screenings using the tablet.	71% (94)	27% (36)	0% (0)	0% (0)	2% (3)	133
3f. I feel ready to properly conduct DR interviews using the DR laptop.	74% (99)	23% (31)	0% (0)	0% (0)	2% (3)	133
3g. I feel ready to use the email program on the tablet.	59% (79)	32% (42)	7% (9)	0% (0)	2% (3)	133
3h. I am comfortable with the process to transmit wirelessly with the tablet (independent of the laptop).	65% (86)	29% (39)	4% (5)	0% (0)	2% (3)	133
3i. I am comfortable with the process to transmit wirelessly with the DR laptop.	66% (88)	28% (37)	4% (5)	0% (0)	2% (3)	133
3j. Overall, I am satisfied with the training provided on the DR laptop.	66% (88)	30% (40)	2% (2)	0% (0)	2% (3)	133
3k. Overall, the training program has prepared me to properly complete all DR tasks.	66% (88)	29% (39)	2% (3)	0% (0)	2% (3)	133
3l. I enjoyed attending the DR FI Training Session.	64% (85)	30% (40)	3% (4)	1% (1)	2% (3)	133

DR FI Training Survey Question	Never	Rarely, When Unusual Situations Arise	2 to 3 Times a Week	Each Day with QFT Work	Total *n*
4. During the next month as you complete your DR work, how often do you think you will reference the DR FI Handbook?	1% (1)	33% (44)	47% (62)	20% (26)	133

DR FI Training Survey Question	
5. Please provide any other comments you have about the DR FI Training program.	[Verbatim responses from FIs, grouped by content, are provided below.]

Response No.	General Comments about DR FI Training Program/Trainers
1	Went well....great trainers
2	Had great trainers
3	Enjoyed the training. Everything was very clear.
4	It was a very nice experience.
5	enjoyed the trainers, very professonal and helpful.
6	staff was very helpful and profesional
7	Trainers were well prepared and knew exactly where to get answers to questions they did not know
8	Learned a tremendous amount and am looking forward to using the new equipment.
9	I liked the training and our 3 trainers who conducted the class. I also came for the 2 hour evening training and thought it was also helpful.
10	steady strong pace was useful for me-intense but successful
11	the trainers where great did a great job.
12	I really think that the training was excellent and that the Trainers did a wonderful job of preparing us for the DR field work. I learned a lot and it was quite enjoyable.
13	Trainers were very patient, and professional. Very helpful when needed.
14	great training and trainers
15	tremendously thorough, well prepared, focused and amusing trainers. great mix of FIs. great hotel accomodations and lunches.
16	Trainers were helpful and knowledgable
17	good trainers good materials great food good pace with breaks
18	our trainers were awesome!
19	Overall good training experience
20	The program was thorough and delivered at a pace comfortable for everyone in the class
21	Our trainers were excellent, very difficult hotel and location for those with special needs, I have two co-workers whom it was very difficult for. The training stayed on time and was very informative.
22	Our trainers were knowledgeable, helpful, and upbeat. They did a fine job.
23	trainers were good about keeping the whole class on task and not letting any one person dominate the conversation.
24	The training sessions were great. Very informative in explaining information provided in the manuan and I-Learning. The trainers were extremely patient with some the FI's inability to keep up.
25	Training was very helpful, trainers were great.
26	our training staff was great and well prepared. very knowledgable and patient.
27	Trainers were well prepared and efficient. Love the ezuipment and hope we get to use it on Main study sooner rather than later.
28	Thoriugh training! Trainers are excellent and extremely patient. Thank you!
29	Great group of trainers with experience and talent. Good job
30	the trainers were well-prepared and seemed really focused. The training flowed more smoothly. Any technical issues were addressed immediately and efficiently. Love our trainers :) <3

Response No.	General Comments about DR FI Training Program/Trainers
31	I enjoyed the DR training and appreciate all of the effort that went into preparing us for DR. I am honored to be able to work on this special project.
32	excellent job at explaining completely at a good pace
33	as an experienced FI the training was a good lenghth of time to cover the finer points of th new equipment and to reiterate the changes in some of the wording we will now use
34	I truly enjoyed the DR FI training, I feel well equipted to jump right into the DR and be successful. Thank you for the opportunity.
35	This training was very well organized
36	staff very helpful with questions and concerns.
37	In addition to learning how to use the equipment, it helped me see the wording differences in the screening and interviews. The trainers were professional and patient and answered all our questions
38	Just the right amount of information and training, including the paired workshops
39	the trainers were awesome, very helpful.
40	Overall training was good, What I disagreed and disliked is the arrival time to my home city, 11pm arrival is too late and tiring.
41	By having training for the DR, it allows us to complete how our screening/interviewing techniques are used and also by following
42	trainers seemed "detached". Tech support personnel very personable.
43	the trainers were rude with me i was so sad this is the firs time that this happen to me i had been with rti for 10 years always try to to the best but the female training was not human
44	Just one of the trainers attitude was a no very nice and tryining to puting us down when we were trying to perform the task that we were working on it.
45	The training program was good. At times is went too fast. I was not happy about having to travel on the metro from the airport to the hotel. Many fis are elderly and it was not easy.
46	training could have been longer/attendees were familiar with screening and interviewing but the tablet was a new experience,the training pace was a little quick
47	the train was done at a comfortable pace for most of the FI but there really was time set up to review information right after the training section was gone over yes there was a place to write down qu
48	when paired with another fi the first day,i was instructed to correct them if they did not read verbatim during the mock interviews,which i did, which angered the male fi i was working with.
49	The mock trainings seemed excessive: reading the informed consent mulitple times, going through the detailed process of signing the incentive receipt form in a particular order, and again for homework
50	should explain the purpose of the field test at the beginning of training and reiterate it when people make comments about how they "think" respondents will respond. Spent a lot of time on "I think"
51	sometimes it felt like we went very slow

Response No.	Comments about Hotel/Training Logistics
52	love the hotel and staff
53	breakfast was not very desirable. using the subway to the hotel was alittle nerve wracking going alone. One of the trainers was very abrupt and short w/ us when doing training.
54	Class size was good, but the room could of been larger, very noisy when doing screenings and interviews..
55	dress rehearsal classroom size was too small and was a distraction when completing the mock interviews
56	Friday night check-in was no) without any near-by attractions or activities for the rest of the evening.
57	Travel coming to and from the training could have been less tedious such as traveling at 4am and 5am by Metro to get to a flight leaves less time to sleep and feel refreshed for the training
58	I am not thrilled about having to rush to the aiport to catch flight when having to take public transportation on the last day of training.

Response No.	Comments about DR Equipment
59	I LOVE!!!!! the new lap top. The training was great with helpful trainers to teach us.Very informative.I feel confident that I am ready to be productive on the DR study.Love everything abt the new tec
60	Welcome the new equipment, it is as advance as personal gagets, very confident in using it; will make working on the field more efficient. Great traininers and a wonderful opportunity to meet FI's.
61	the lighter weight equipment with newer technology is great!!
62	I am really excited to see us moving forward with more advanced technology and less waste of paper and postage. WIN-WIN!!
63	The laptop functionality bridges the gap between those who have less and more experience with computer technology; very user friendly.
64	learning to use wireless @ a location other than home; appreciated trainer staying the course, very good trainers. Took X to ans. ?'s but did not allow distraction; kept class on track.
65	When equipment failed to transmit by wirless I began to feel like things would not work
66	it will be difficult to have to log on to the tablet so many times during the day if you have to put it in sleep mode like we are suppose to. many will be surprised when they go to the door and are no
Response No.	**Other Comments**
67	Like anything else using the training and materials you need to get out and do it.
68	training staff threw in several things that vet f.i.s had never heard from all over the country-things that will not really practical in the real field situations-some trainers not very sensitive to p
69	I suggest using webinars to save money for training. I do understand not everyone is completely comfortable with new technology but for people are who in the know webinars would be just as sufficient

Appendix D: Field Interviewer Equipment Survey Questions and Results

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Table D.1 FI Satisfaction with Laptop – All Field Interviewers

1. Satisfaction with Samsung Laptop	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. The laptop was easy to use.	79% (99)	16% (20)	2% (2)	1% (1)	2% (3)	125
b. I was able to use the laptop without needing technical assistance.	73% (91)	18% (22)	3% (4)	4% (5)	2% (3)	125
c. I learned to use the laptop quickly.	81% (101)	15% (19)	1% (1)	1% (1)	2% (3)	125
d. I felt confident using the laptop.	83% (104)	13% (16)	1% (1)	1% (1)	2% (3)	125
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	78% (98)	17% (21)	2% (2)	1% (1)	2% (3)	125
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	82% (102)	14% (18)	1% (1)	1% (1)	2% (3)	125
g. I was satisfied with the weight of the laptop.	90% (113)	6% (8)	0% (0)	0% (0)	3% (4)	125
h. I found the layout of the laptop keyboard easy to use.	74% (92)	18% (23)	2% (2)	4% (5)	2% (3)	125
i. The laptop's touchpad was easy to use.	78% (97)	15% (19)	2% (3)	2% (3)	2% (3)	125
j. I was satisfied with the carrying case provided for the laptop.	55% (69)	18% (22)	9% (11)	13% (16)	6% (7)	125
k. I was satisfied with the training provided on the laptop.	75% (94)	20% (25)	1% (1)	2% (2)	2% (3)	125
l. I would prefer to use this laptop for my field work.	90% (113)	6% (7)	1% (1)	0% (0)	3% (4)	125

Table D.2 FI Satisfaction with Laptop – Bilingual Field Interviewers Only

1. Satisfaction with Samsung Laptop	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. The laptop was easy to use.	87% (34)	3% (1)	5% (2)	3% (1)	3% (1)	39
b. I was able to use the laptop without needing technical assistance.	85% (33)	3% (1)	3% (4)	5% (2)	3% (1)	39
c. I learned to use the laptop quickly.	87% (34)	8% (3)	0% (0)	1% (1)	3% (1)	39
d. I felt confident using the laptop.	90% (35)	5% (2)	0% (0)	1% (1)	3% (1)	39
e. The display size of the laptop screen was large enough for presenting the NSDUH interview.	87% (34)	8% (3)	0% (0)	1% (1)	3% (1)	39
f. The laptop screen was clear and bright enough for displaying the NSDUH interview.	92% (36)	3% (1)	0% (0)	1% (1)	3% (1)	39
g. I was satisfied with the weight of the laptop.	92% (36)	3% (1)	0% (0)	0% (0)	5% (2)	39
h. I found the layout of the laptop keyboard easy to use.	77% (30)	10% (4)	3% (1)	8% (3)	3% (1)	39
i. The laptop's touchpad was easy to use.	87% (34)	5% (2)	3% (1)	3% (1)	3% (1)	39
j. I was satisfied with the carrying case provided for the laptop.	59% (23)	8% (3)	18% (7)	10% (4)	5% (2)	39
k. I was satisfied with the training provided on the laptop.	79% (31)	15% (6)	0% (0)	3% (1)	3% (1)	39
l. I would prefer to use this laptop for my field work.	95% (37)	0% (0)	0% (0)	0% (0)	5% (2)	39

Table D.3 All FI Comments about Laptop, Training, and Carrying Case

2. Please provide any other comments you have about the Samsung laptop, carrying case or training on the laptop.	
No.	**Comments**
	Comments about the laptop
1	I love it ,my shoulder loves it,my back loves it,please keep it
	respondents liked using new laptop , many positive comments on size and weight
	using this new laptop was very practical hope we will be able to use in the near future.in fact i worked my main study this past weekend and it was not has confortable
	the laptop is very convenient and well suited for fi needs. The only difficulty I had was with the touchpad. Very sensitve and hard to move cursor unless you use 1 finger. Tech support helped me.
	I Love it,it is so light weight and can't wait to use it.I am just woundering if the case need more coushning in the Laptop area
	I am very excited about this new equipment easier to handle very light weight
	Enjoyed the equipment and made admin of interview much smoother
	this lightweight laptop long overdue. fabulous for NYC interviews! let's convert to this laptop ASAP!
	I like to be able to transmitting either the laptop or tablet only.
	I enjoyed doing interviews on this laptop and not to mention how light wait it is. I loved this laptop, can't wait to use it on the main project.
	hard to see f keys in dim/dark room with bright screen, wish keys were backlit, hard to see which f keys are due small f markings and symbols on keys
	Wonderfully light weight! Interview Respondents enjoyed using it as much as I did.
	THE SCREEN IS BLINDING TO THE POINT THAT IT OBSCURES THE FUNCTION KEYS FOR NOT ONLY THE VISUALLY IMPAIRED..... BUT THE FI!
	the screen is too bright
	dont know and refuse buttons are much too small most people had a hard time seeing them size of the font needs to be larger for most people since there is plenty of room for larger print on the displ
	older respdnts complained that they couldnt see/read the function keys-too small.
	Neither R or I can read the function keys easily and white label tape should have been placed directly above not on the screen. May need to have option to increase size of font for older people to see
	The F keys are not as easily identfiable, the F1, F2, ect are very small.
	The F3, F4, and F9 keys are very small.
	training was enough /night class should be mandortory/ function keys paper/strip needs lower closer to keyboard hard to see so close to screen /these numbers are small/laptop easy to carry in cont acx
	I do not like the flow to start , pressing the tab is ok but don't like then pressing 0k. The the curser does not attomatically place on the password code line you have to move the curser to it.
	Less AC cord would be much better, like a hide away box retractor or something like that.
	This laptop is wonderful, light, perfect size and easy to navigate. I also love the case - perfect pair.
	Loved working with this laptop. my only negative thing to point out is that I had to made sure I kept the cursor away from the bottom of the screen or a window bar would showed up.
	The laptop is a joy to use. It's wafer thin! The sooner we start using it in our everyday work, the happier I will be.
	it just made it so much easier to carry everything.
	the laptop was very easy to use, specially in situations where there was no support (table, chair, etc)
	Comments aboutp
	Weight os the old laptop and case is a problem for me. This is soooo light compared to the other and easy to use.

(continued)

Table D.3 All FI Comments about Laptop, Training, and Carrying Case (continued)

2. Please provide any other comments you have about the Samsung laptop, carrying case or training on the laptop.	
No.	**Comments**
	The touchpad was highly sensitive and easy for respondents to move mistakenly. Older Rs especially seemed to touch the pad and needed assistance to get back to the correct screen.
	the numbers on the function keys are small and at times are difficult to see, especially in low light areas that we occasionaly encounter in the field.
	i had begun to feel strain on my right thumb due to carrying the main study laptop, since working on dr and using the samsung my thumb has recovered and i no longer feel discomfort
	I really like the laptop, but when I transmit to RTI I would get a pop up about not connecting to a router (I would x it out and transmit again and it was fine. 200 characters is not enough to explain
	I love the light weight laptop, So much easier to carry around in the field.
	The F keys are hard to read, especially for older people and those not familiar with computer keyboards.
	function keys are too small, configuration of the touchpad kind of confusing/limiting,
	The size and light weight features makes this laptop more user friendly, especially when dealing with tight quarters in DU's, counter space, intv outdoors, etc. less intimidating to non computer resp
	There were transmission problems with the laptop and my router at home that Tech was unable to resolve. Consequently I am transmitting from Starbucks.I would prefer that these issues are resolved.
	I prefer this new laptop over the main study laptop. It is lightweight, easier to set-up, and a lot faster.
	How will ilearning courses be completed, given that there is no CD drive?
	The Function Keys were difficult to use for some people because they could not see F3, F4 since the print was small. The lables did not seem to be effective.
	F-1-F-9hard to see in low light conditions, fnt too small
	I can not believe the difference carring a lighter laptop made on my workday. My shoulder did not ache at the end of a day, it was less bulk and much quicker to set up for an interview!
	light weight makes work in field much more comfortable
	The only negative thing about the laptop is that the writing on the function keys is too small and not bright white, like the letter and number keys..
	The smaller size and lighter weight make transporting and setting up much less cumbersome than current gateway models
	The laptop was very conveniant when having to walk long distancse to DUs and for going up stairs. I think people enjoy using a nice, modern, and light laptop.
	Most interviews are done at a dining room, a longer cord would be helpful. I did not care for the laptop bag's straps going across the zipper, other than these 2 minor issues I LOVE this equip!
	The Samsung laptop gives the study a more professional image, not to mention that is much easier to handle. The carrying case was practicle and easy to carry. The training was adequate and clear.
	The weight of the laptop and smaller carrying case was excellent. It was especially appreciated in multi story complexes were it is necessary to carry as opposed to roll on wheels,
	The laptop's finish can get easily scratched. I suggest getting some sort of protective film for it.
	I am very happy with the Samsung laptop and training. I am satisfied with the carrying case but I could do without a couple of the zippered sections. Overall, I am very satisfied.
	Comments about the Carrying Case
	Loved the size and pockets of carrying case but the strap placement was awkard and made using zippers more difficult. It would be better is zipper went straight across the top from the middle sides.
	The hand handles in the center of the laptop carrying case get caught as you are trying to zip up the case occasionally.
	I find the laptop case doesn' t have adequate space for supplies,the shoulder strap is in a awkward place
	The shoulder strap slips down the shoulder,actually the side with the nylon material

(continued)

Table D.3 All FI Comments about Laptop, Training, and Carrying Case (continued)

2. Please provide any other comments you have about the Samsung laptop, carrying case or training on the laptop.	
No.	**Comments**
	Not lg. enough for paper supplies, pens/pencils, extension cord; too small.
	the carrying case is not practical the inside pockets are too narrow for puting the charger,the headphones,what about a comp backpack? ;-)
	Laptop bag=TOO many comprtmnts so dif find thgs.
	Laptop bag...too many compartments. Because of size and weight a backback laptop bag would be PERFECT.
	A rolling bag is much better
	The lap=top carrying case because of the big strap crossing over from 1 side to the other made it very dificult to get things out of it and to put things back, it would get tangled up all the time.
	laptop bag is lghtght but cross over strapping is cumbersome to use.also miss the side pocket of the older version that could easliy slip items into now have to always unzip.need shldr strp padding
	carrying case: the shoulder strip crosses the middle compartment, so it is always in the way.
	training was conducted in a rapid manor,were shown how to follow instructions without enough time being provided to become familiar with equipment
	case is not balanced and tips over is seat of car.
	the strap criscrossed over the zippered area vs on the sides and it got in the way.I had to take it off and just use the handle which worked fine. I looooooove thethe weight of the new equipment
	the long strap to case is at a diaginal not condusive to getting in out of case however it makes it easier to carry by the strap
	The case could be slimed down to take full advantage of the lightweigt laptop, perhaps something similar to the faux-leather folder that was also supplied, with a shoulder strap.
	The laptop case has the handle - I would prefer to have the handle so that you can still close the zipper.
	the carrying case is not easy to open/closed; zippers get caught with shoulder strap, need to zip upwards, stop and move the shoulder strap away from the zipper, then follow through
	i found the notebook lacked room for materials,the functions keys should be lit up so that they can be seen hard to correlate the written tabs down to the exact function key. excellent overall
	Most of the problems I had were with identification of the F keys being way too small, even I have problems seeing them. It would help if the labels were directly above th keys.
	The strap connecting to alternate sides of the case made it difficult to get in and out easily. The laptop itself is great - so light weight and easy to use.
	the carry case handles were in the way when trying to get to each section. needs to be designed alittle different
	laptop bag not easy to unzip
	case has too many pockets
	I found the laptop was able to fit into a sleeker easier to carry case. The one provided seemed too bulky and didn't provide for a pocket from which to easily pull handouts without unzipping the case.
	It's so much faste and easier to user. We are completing interviews, in most cases, in 45 minutes.
	The carrying case can be too cumbersome to put away equipment because of the many pockets and what each pocket can hold
	The carrying case is a nightmare, the person who selected this case decided to leave common sense at the door, , the handleds are in the middle as well as the conections for the shoulder straps, i
	I think the laptop back has zippers that get in the way of proper quick use.
	The carring case is frustrating to oen and close due to handle placement.

Table D.4 Frequency of FI Email Use – All Field Interviewers

Frequency of FI Email Use	Never	A Few Times a Month	2-3 Times a Week	Every Day	Total
3. During the dress rehearsal, how often did you use the email program on the tablet to communicate with the FS or other NSDUH staff members?	21% (26)	43% (54)	31% (39)	5% (6)	125

Table D.5 Frequency of FI Email Use – Bilingual Field Interviewers

Frequency of FI Email Use	Never	A Few Times a Month	2-3 Times a Week	Every Day	Total
3. During the dress rehearsal, how often did you use the email program on the tablet to communicate with the FS or other NSDUH staff members?	15% (6)	51% (20)	23% (9)	10% (4)	39

Table D.6 FI Satisfaction with Tablet Email – All Field Interviewers

4. FI Satisfaction with Tablet Email Program	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. I found the email program on the tablet to be simple and straightforward.	57% (56)	34% (34)	6% (6)	3% (3)	0% (0)	99
b. The email program was easy to use.	56% (55)	37% (37)	5% (5)	2% (2)	0% (0)	99
c. I was able to use the email program without needing technical assistance.	60% (59)	32% (32)	2% (2)	6% (6)	0% (0)	99
d. I learned to use the email program quickly.	62% (61)	29% (29)	6% (6)	3% (3)	0% (0)	99
e. I felt confident using the email program on the tablet.	65% (64)	27% (27)	6% (6)	2% (2)	0% (0)	99
f. I was satisfied with the training provided on the email program.	59% (58)	30% (30)	7% (7)	4% (4)	0% (0)	99
g. I would like to use the email program on a regular basis.	64% (63)	17% (17)	17% (17)	2% (2)	0% (0)	99

Table D.7 FI Satisfaction with Tablet Email – Bilingual Interviewers

4. FI Satisfaction with Tablet Email Program	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree	Total
a. I found the email program on the tablet to be simple and straightforward.	67% (22)	33% (11)	0% (0)	0% (0)	0% (0)	33
b. The email program was easy to use.	67% (22)	33% (11)	0% (0)	0% (0)	0% (0)	33
c. I was able to use the email program without needing technical assistance.	73% (24)	21% (7)	0% (0)	6% (2)	0% (0)	33
d. I learned to use the email program quickly.	76% (25)	24% (8)	0% (0)	0% (0)	0% (0)	33
e. I felt confident using the email program on the tablet.	76% (25)	21% (7)	3% (1)	0% (0)	0% (0)	33
f. I was satisfied with the training provided on the email program.	70% (23)	21% (7)	6% (2)	3% (1)	0% (0)	33
g. I would like to use the email program on a regular basis.	73% (24)	15% (5)	12% (4)	0% (0)	0% (0)	33

Figure D.1 FI Tablet Keypad Preference – All Field Interviewers

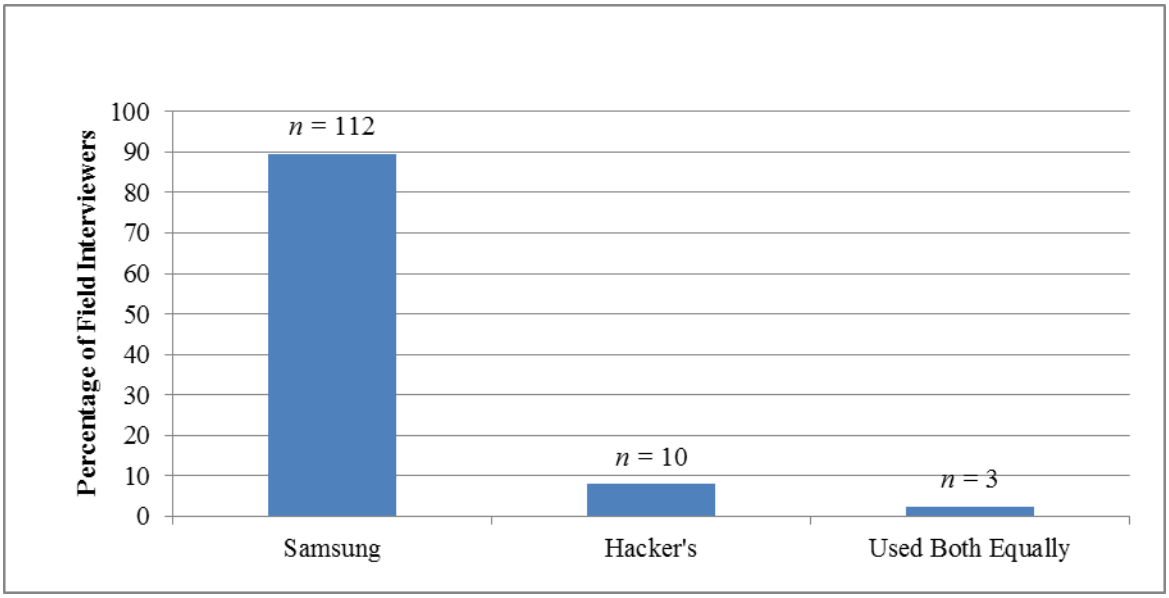

Figure D.2 FI Tablet Keypad Preference – Bilingual Field Interviewers

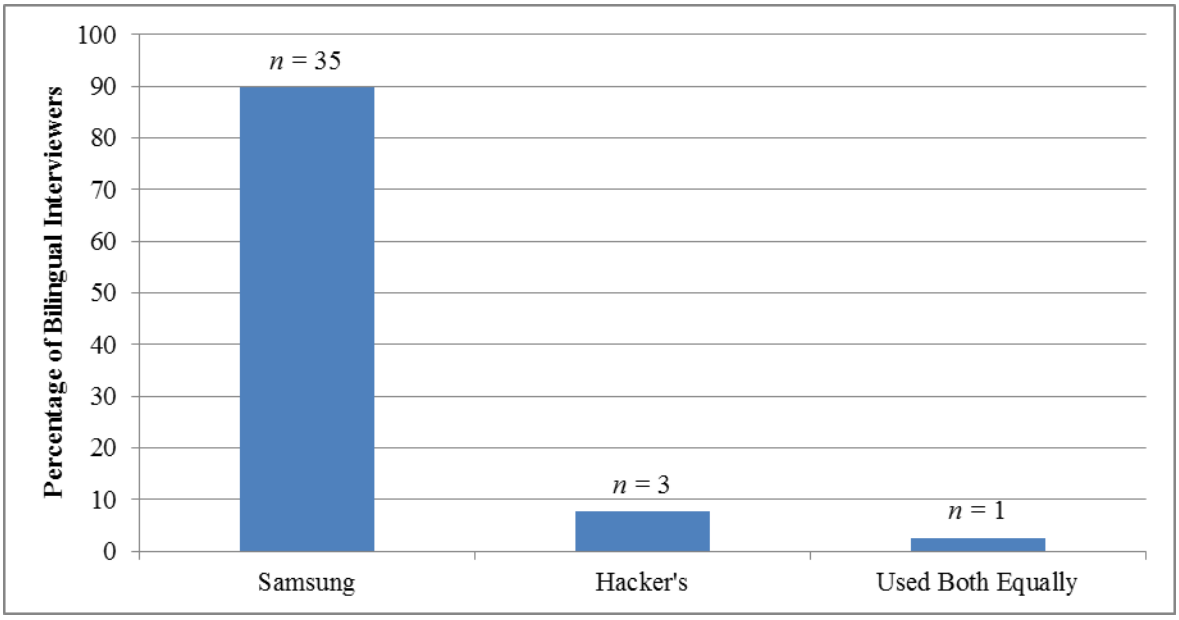

Figure D.3 Tablet Wireless Transmission Satisfaction – All Field Interviewers

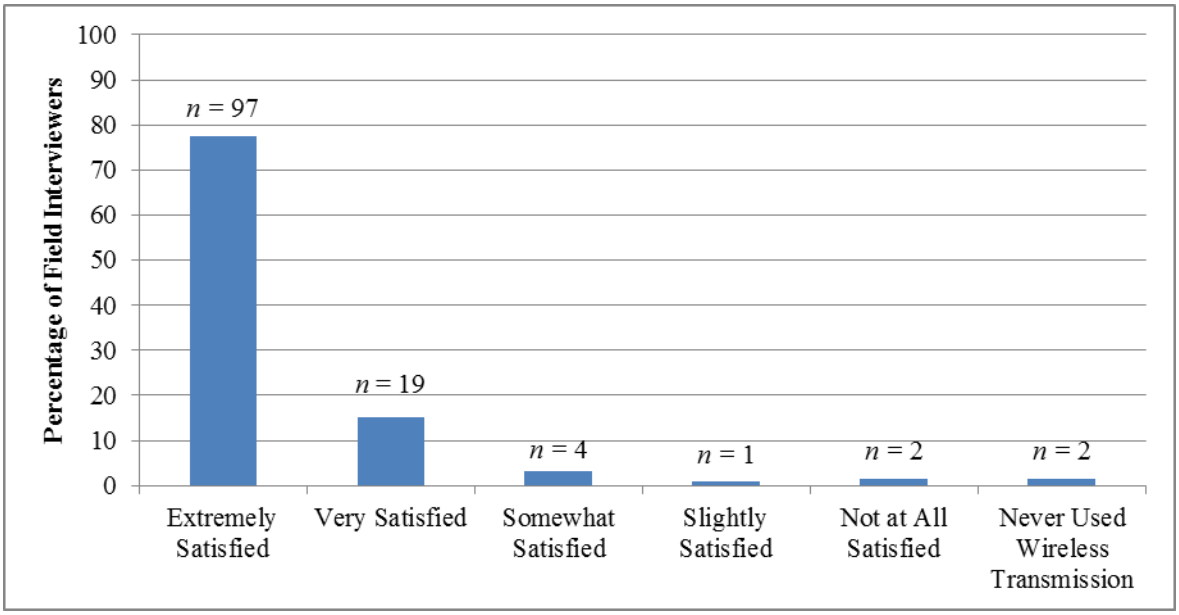

Figure D.4 Tablet Wireless Transmission Satisfaction – Bilingual Field Interviewers

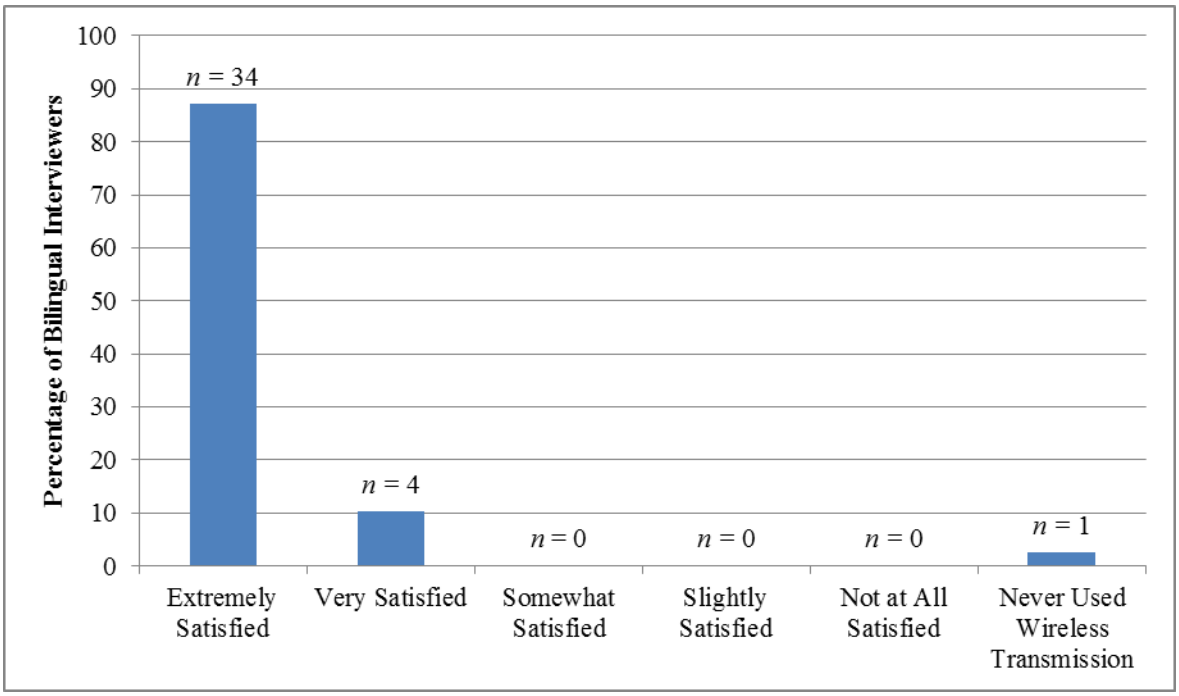

Table D.8 FI Comments about Email, Training, or Transmitting on the Tablet

7. Please provide any other comments you have about the email, training or transmitting on the tablet.	
No.	**Comments**
	Comments about Email
1	email was easy to use- all work related email should be on a rti instrument
2	I loved the fact that you get the e-mail on it and thet you can transmit the tablet alone if you did not get any interviews that day.
3	Didn't use email in the field because I only had a few cases. Need more practice
4	because I became ill with the flu after the DR training,then having,then having my sister pass away. I could use a refresher's course using the email
5	Seems to have a delay in the receiving emails.
6	The draft function and saving drafts are confusing.
7	I thought the email function was very easy to use. It can be used to increase communication because I could respond immediately after receiving an email message.
8	My FS has only sent me 2 emails
9	was not used to emailing , again training covered basics of instruction but no time element for familiarization for a level of comfort prior ,emailers would have had no qualms using tablet email
10	the email program is a great help to send info to FS while in the field....cell phone dead or inaccessible.
11	I really like having 2-way e-mail to communicate w/FS. I don't have access to wifi @ home, so it's a little inconvenient for me & probably for other FIs who live in rural areas to transmit
12	using the email function on the tablet would be goodl on receiving project communications, however, not as practica lfor immediate or time sensative or longer communications,I prefer personal email
13	The email program seems to be more of a hinderance than a convience, I would have the mail sent here to my main account anyways, instead of having to transmit on days I didn't work.
14	The e-mail was easy to use, however I found myself using the emial on my phone more often. I was extremely satisfied with transmitting without connecting to the laptop, more convinient.
15	got no email activity during dr to date, fs filled me in on due dates.
16	I thought that the email should update automatially when connected to wi-fi, but I always had to refresh it to see if there was any messages or not. I personally thought it should refresh automatic
17	I did not get into the E-mail program but use an e-mail program on personal tablet. I would love it in routine work
18	it made communicating very easy and quick
19	I prefer my personal laptop for communicating with my FS because I use it more often and see her emails in a far more timely way.
	Comments about the Tablet or Transmitting
20	I love it does not take much time at all to transmit
21	the tablet is visible to respondents /it has every thing at 1 touch.well lite /i love it /fast /easy to connect/wireless is better faster/wish we didnt have to wait????????
22	My attempts (4) were unsuccessful
23	had technicle issues linking tablet to laptop but was able to continue working in field due to being able to transmit both independently . Did have to have replacement equipment to resolve issue
24	having the tablet transmit by itself it's very nice and very practical!
25	its great
26	did not like to always start from beginning on each case w tablet
27	Tablet keyboard has backspace key and "enter" key so close it was easy to hit backspace key.
28	have tried to transmitt from the tablet alone...was not successful
29	I like not having to plug into laptop to transmit
30	Only positive comments - a pleasure to use.
31	cant see tabl screen in the sunlight. attachmnt mssg cnfusing-there was no attachmnt in ema
32	being able to transmit while on the field was a great tool. I had to used it to pick up new cases. its a great time saver, as I didnt have to wait till i get home to transmit
33	not being able to use quotations, apostrophes very annoying. reponse time to touch/"pen" very slow and unreliable on tablet. wireless not avail when most needed it. problems more due to tablet than em

(continued)

Table D.8 FI Comments about Email, Training, or Transmitting on the Tablet (continued)

7. Please provide any other comments you have about the email, training or transmitting on the tablet.	
No.	**Comments**
34	Only transmitted tablet thru the screener function. Would be more proficient if I had opportunity to use more often.
35	think we should have a myfi or wireless card. i had difficulttly transmitting and one case sat for several weeks
36	the charge cord on the charger is way to short and the cord on the headphones is way to long
37	Being able to transmit with the tablet was so wonderful!
38	it was very nice to have this feature on the table and that we didn't have to transmit the laptop if we didn't have an interview, Great idea!!!!!
39	1st this survey: Easy expt this ? as had trble finding these fields Email prog great.Tablet easy but way cases setup dif to view/count case statuses...
40	tablet size is advantageous for SR to read along with FI while doing screener
41	I think it is great the way it is
42	I was very impressed with this equipment and look forward to seeing it implemented in the main study.
43	transmitting went fast and easy when i just had to transmit thru the tablet. my reg study transmissions are frustrating, take forever and often have to be done over and over
44	I liked the independence of the tablet.
45	I actually transmitted the way I always did except when I checked email.
46	I had some problems in the field especially when I was at a hotel. Having to log on to their webpage and then to go back to the email was sometimes not making the connection for wi-fi.
47	the equipment is easy to use, easy to carry with you and functions quite well.
48	I enjoyed the ability to email my FS back and not just receive emails
49	It was great to be able to transmit immediately without having to hook up the computer. Also, I had to transmit in the field once to pick up cases and it was very easy and convenient.
50	There was a few times were I was unable to transmit unless I was hooked up to laptop but the issue appears to have been resolved
51	second password time-consuming ...should be unecessary and operate more like ipaq which allows shut off from hse to hse w/o re-enter password
52	Being able to transmit on the tablet without having to transmit on the laptop saved a lot of time.
53	Very positive experience over all. Looking forward to using this equipment. Training was very though. No questions were unanswered. Transmitting was fast with no difficulties.
54	The tablet battery was weak. It's useful time was signifisantly less than the iPAQ.Useful time was 3-5 hours. It would be e big improvement to have a battery that would last 8 hours.
55	Love how much quicker and easier transmiingt was. I was able to transmit while traveling very easily.
56	would like for the cursor to automatically go to the password box rather than having to manuever up to it. F keys are a little difficult to see. can print on font keys br brighter?
57	transmitting from tablet is much mor convenient and again, less cumbersome
58	very conveniant
59	I enjoyed using the tablet very much, it was easy to navigate and I liked seeing all ROCs and comments in one view. Transmitting from the tablet was AMAZING!
60	I wasn't totally happy with the different keyboards. Each one had different advantages. I had trouble finding hyphens, apostrophes and quotation marks.
61	Had some difficulty transmitting an email. what about asking about the tablet programming? I miss the function to pull up sorted cases! I do NOT like not being able to rest the device /out a PW entry
62	Transmitting indepedently of the laptop was phenominal and time saving.
63	very time consuming to log in sometimes 10 times in a day, also keyboard is extremely sensitive, made errors often, which is also frustrating. easy to be on the wrong line.
64	The scree of the tablet reflects to much light when doing screening an the sun hits on it. Transmitting without connecting the laptob was one of the greatest things about the program and tablet use.
65	Pretty satisfied with the email program, training and transmitting on the tablet. The tablet and laptop are more efficient on the DR and much faster.

Appendix E: Dress Rehearsal
Field Interviewer Debriefing Items

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Document Format:

- Screen names bolded
- Screen/question/instructional text designated by black and red text and non-italicized text in parenthesis (Upper-lower black text to be read, red text is instructions to FI)
- Fills designated by parentheses and italics
- Logic designated by brackets
- Text of instructional message boxes provided in bracketed logic
- Response categories underlined
- Variable names from QFT Debriefing Items in parentheses following the DR variable name

INTERVIEW DEBRIEFING QUESTIONS:

THESE QUESTIONS ARE FOR YOU TO ANSWER. DO NOT READ TO THE R.

DRDBF1 (QFTDBF3) [IF INTERVIEW A CALL RECORD OR INTERVIEW B CALL RECORD = RESULT CODE 70]

When did you give the respondent (or parent/guardian of youth respondent) the Q&A Brochure?

1. BEFORE THE INTERVIEW
2. DURING THE INTERVIEW
3. AT THE END OF THE INTERVIEW

Next **[DRDBF2]**

DRDBF2 (QFTDBF4)

Did you conduct this interview at the respondent's home, either inside or outside?

YES
NO

Next **[IF DRDBF2=YES, GO TO DRDBF4]**

DRDBF3 (QFTDBF5) [IF DRDBF2=NO]

Where did you conduct this interview?

1. AT THE RESPONDENT'S WORKPLACE
2. AT THE HOME OF THE RESPONDENT'S RELATIVE OR FRIEND
3. IN SOME TYPE OF CONFERENCE ROOM IN A RESIDENCE HALL, SCHOOL OR APARTMENT COMPLEX
4. AT A LIBRARY

5. IN SOME TYPE OF COMMON AREA, SUCH AS A LOBBY, HALLWAY, STAIRWELL, OR LAUNDRY ROOM
6. SOME OTHER PLACE

Next **[IF DRDBF3=6, GO TO DRDBF3a]**

DRDBF3a (QFTDBF5a) [IFDRDBF3=6]

Where did the interview take place?

ALLOW 140 CHARACTERS

Next **[DRDBF4]**

DRDBF4

Did the respondent make any comments about the laptop? Please include respondent comments about the physical features of the laptop or about the respondent's use of the laptop. *Check all that apply.*

1. YES, POSITIVE COMMENTS
2. YES, NEGATIVE COMMENTS
3. NO

Next **[IF DRDBF4 = YES, NEGATIVE COMMENTS AND DRDBF4 NE YES, POSITIVE COMMENTS, GO TO DRDBF4b OR IF DRDBF4 = NO, GO TO DRDBF5]**

DRDBF4a [IF DRDBF4 = YES, POSITIVE COMMENTS OR YES, POSITIVE COMMENTS AND YES, NEGATIVE COMMENTS]

Which one or more of the following best describes the positive comments the respondent made about the laptop. *Check all that apply.*

1. THE SCREEN WAS LARGE OR CLEAR OR EASY TO READ
2. THE LAPTOP WAS LIGHTWEIGHT
3. THE KEYBOARD WAS EASY TO USE
4. OTHER

Next **[IF DRDBF4a=4, GO TO DRDBF4a1]**

DRDBF4a1 [IF DRDBF4a=OTHER]

Please describe the respondent's other positive comments about the laptop.

ALLOW 140 CHARACTERS

Next [**DRDBF5**]

DRDBF4b [IF DRDBF4 = YES, NEGATIVE COMMENTS OR YES, POSITIVE COMMENTS AND YES, NEGATIVE COMMENTS]

Please describe the negative comments the respondent made about the laptop. *Check all that apply.*

1. THERE WERE PROBLEMS READING THE SCREEN
2. THE LAPTOP WAS TOO HOT
3. THE LAPTOP WAS TOO HEAVY
4. THE LAYOUT OF QUESTIONS WAS PROBLEMATIC
5. THE KEYBOARD WAS HARD TO USE
6. THERE WERE PROBLEMS WITH THE VOLUME OR SOUND
7. OTHER

Next **[IF DRDBF4b=7, GO TO DRDBF4b2]**

DRDBF4b2 [IF DRDBF4b=OTHER]

Please describe the respondent's other negative comments about the laptop.

ALLOW 140 CHARACTERS

Next [**DRDBF5**]

DRDBF5 (QFTDBF6)

Please indicate how private the interview was. Do not count yourself or a project observer as another person in the room.

1. COMPLETELY PRIVATE – NO ONE WAS IN THE ROOM OR COULD OVERHEAR ANY PART OF THE INTERVIEW
2. MINOR DISTRACTIONS – PERSON(S) IN THE ROOM OR LISTENING LESS THAN 1/3 OF THE TIME
3. PERSON(S) IN THE ROOM OR LISTENING ABOUT 1/3 OF THE TIME
4. SERIOUS INTERRUPTIONS OF PRIVACY MORE THAN HALF THE TIME
5. CONSTANT PRESENCE OF OTHER PERSON(S)

Next **[IF DRDBF5=1, GO TO DRDBF8; IF DRDBF5 NE1, GO TO DRDBF6]**

DRDBF6 (QFTDBF 7) [IF DRDBF6 NE1]

Not including yourself or project observers, who were the other people present or listening to the interview? *Check all that apply*

1. PARENT(S)
2. SPOUSE
3. LIVE-IN PARTNER/BOYFRIEND/GIRLFRIEND
4. OTHER ADULT RELATIVE(S)

5. OTHER ADULT(S)
6. CHILD(REN) UNDER 15
7. OTHER

Next **[IF DRDBF6=1, 2, 3, 4, 5, OR 6, GO TO DRDBF8]**

DRDBF7 (DRDBF8) [IF DRDBF6=7]

Please enter a description of the other person(s) present or listening to the interview. This description may be relationship to the respondent if you have this information, or simply the gender and estimated age.

ALLOW 140 CHARACTERS

Next **[DRDBF8]**

DRDBF8 (QFTBDF9) [IF DRDBF5=1; OR IF DRDBF6=1, 2, 3, 4, 5, OR 6; OR IF DRDBF7 NE BLANK]

Did the respondent make any comments about the interview being too long?

YES
NO

Next **[DRDBF9]**

DRDBF9 (QFTDBF11)

Did the respondent have any questions or comments about the on-screen calendars in the **ACASI** section of the questionnaire? If the respondent asked how to access the calendar at any time during the ACASI portion of the interview, select "YES."

YES
NO

Next **[IF DRDBF9=NO, GO TO DRDBF10]**

DRDBF9a (QFTDBF11a) [IF DRDBF9 = YES]

What comments did the respondent make about the on-screen calendars? *Check all that apply*

1. THE RESPONDENT ASKED **HOW TO ACCESS** THE CALENDAR.
2. THE RESPONDENT ASKED **HOW TO CLOSE** THE CALENDAR.
3. THE RESPONDENT **DID NOT SEE** THE REFERENCE DATES ON THE CALENDAR.
4. THE CALENDAR **HELPED** THE RESPONDENT ANSWER THE QUESTION.
5. THE CALENDAR **COVERED** THE QUESTIONS OR THE IMAGES ON THE SCREEN.
6. OTHER

Next **[DRDBF10]**

DRDBF10 (QFTDBF12)

Did the respondent have trouble understanding any **other questions** asked during the interview?

YES
NO

Next **[IF DRDBF10=NO, GO TO DRDBF11]**

DRDBF10a (QFTDBF12a) [IF DRDBF10=YES]

Enter the screen name and a brief description of what the respondent found confusing. If you do not know the screen name, please provide as much information as possible.

ALLOW 140 CHARACTERS

Next **[DRDBF11]**

DRDBF11 (QFTDBF13)

Was a proxy used for the income and health insurance questions?

YES
NO

Next **[IF DRDBF11=NO, GO TO DRDBF15]**

DRDBF12 (QFTDBF17) [IF DRDBF11=1]

Were there any problems with the **proxy's** use of ACASI to answer the income and health insurance questions?

YES
NO

Next [IF DRDBF12= NO, GO TO DRDBF13]

DRDBF12a (QFTDBF17a) [IF DRDBF12=YES]

Which of the following describes the problems with the **proxy's** use of ACASI in answering the income and health insurance questions? *Check all that apply.*

1. THE PROXY **DID NOT KNOW THE ANSWERS** TO THE QUESTIONS
2. THE PROXY DID NOT KNOW **HOW TO ENTER** HIS/HER ANSWERS TO THE QUESTIONS
3. THE PROXY **REFUSED** TO ANSWER SOME QUESTIONS

4. THE PROXY DID NOT KNOW **WHY HE/SHE WAS ASKED** TO ANSWER THESE QUESTIONS
5. OTHER

Next **[IF DRDBF12a= 1, 2,3, OR 4, GO TO DRDBF13]**

DRDBF12b [IF QFTDBF12a=5]

Please describe the **proxy**'s other problems with ACASI when answering the income and health insurance questions.

ALLOW 250 CHARACTERS

Next [**DRDBF13**]

DRDBF13 (QFDBF14) [IF DRDBF11=YES]

Did the **respondent** have any questions or concerns about his/ her answers being revealed to the proxy?

YES
NO

Next **[DRDBF14]**

DRDBF14 (QFTDBF15) [IF DRDBF13 NE BLANK]

Did the **respondent** have any other questions or comments about the proxy interview?

YES
NO

Next **[IF DRDBF14 =NO, GO TO DRDBF15]**

DRDBF14a (QFTDBF15a) [IF DRDBF14=YES]

Please describe the other questions or comments the **respondent** had about the proxy interview.

ALLOW 140 CHARACTERS

Next [**DRDBF15**]

DRDBF15

Please note anything else you think would be helpful for the interpretation and understanding of this interview.

ALLOW 250 CHARACTERS

Next **[RECORD OF CALLS]**

Appendix F: Moderator's Guide for the Dress Rehearsal Field Interviewer Debriefing Calls

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NSDUH Dress Rehearsal Field Interviewer Debriefing Calls
Moderator's Guide – UPDATED DRAFT
September 9, 2013

SECTION I: Introduction (5 minutes)

Hello and thank you for attending today's debriefing call to discuss your experiences during the 2013 Dress Rehearsal. My name is [MODERATOR'S NAME] from RTI. Also on the call today from RTI are [ASSISTANT MODERATOR' S NAME] and [NOTE TAKER'S NAME], as well as [OTHER RTI OBSERVERS]. I will be leading today's discussion with help from [ASSISTANT MODERATOR] and [NOTETAKER'S NAME], who will be taking notes.

In addition, on the call with us today from our client, SAMHSA, are [STAFF NAMES].

Before we get started, I want to remind everyone to have your Dress Rehearsal FI Handbook in front of you as we talk, so you can reference any notes you made in Chapter 6 as you provide feedback.

This discussion is intended to gather feedback from your experiences collecting data during the Dress Rehearsal. As you know, changes to the NSDUH questionnaire, procedures, equipment and materials were tested in the Dress Rehearsal, but we simply cannot gather all of the information we need just by analyzing survey data.

Therefore, we're hoping you can share your experiences from the Dress Rehearsal, including what sorts of feedback you received from respondents, and what types of issues you encountered, if any.

A summary of the feedback you provide in this discussion will be included in the Dress Rehearsal report provided to SAMHSA and may help us make changes to the protocol in the future.

Before we begin, here are a few ground rules for our discussion:

- We are recording this call and have a note taker so we can capture all of your comments here today. However, please know your name will never be associated with any comments you make and will not be included in reports developed to summarize this call.
- Please be respectful of everyone on this call, so only one person should speak at a time. Doing so allows the whole group to hear each person and ensures the recording will be clear.
- Also, if you have not done so already, move to a location with minimal background noise. During the call, please stay focused on the conversation as we want to hear from all of you.
- If I haven't heard from you, I may call on you. If I do call on you but you'd rather not answer a particular question or if you don't have anything to add, you can just tell me that you would like to "pass."

- Since we are on the phone, each time you speak, I would like you to begin your comments by saying your name, such as, "This is Scott and I think…"
- Please know there is no right or wrong answer to the questions I will be asking. Everyone's input is important and helpful.

Now, I'd like you to briefly introduce yourselves to the group. I'll call on each of you, one at a time. When I do, please say your name, the state where you live and how long you've worked on NSDUH.

Any general questions before we get started?

SECTION II: Reactions to the Redesigned Contact Materials (20 minutes)

INTRO: For this first section of this call, we are going to discuss the redesigned contact materials you provided to respondents during the Dress Rehearsal. I will be asking specifically about the redesigned Lead Letter and Q&A Brochure as well as the new portfolio and laptop bag you received for your Dress Rehearsal assignment. NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THE SPANISH MATERIALS.

1. During your Dress Rehearsal screenings, on the Study Introduction screen, you asked respondents if they remembered receiving the lead letter, reading the sentence "You should have received a letter explaining the study." Did you notice any differences from the main study in the way respondents reacted to that sentence? If so, please explain.
2. Did you receive any feedback from respondents on the **lead letter**? [FOR THOSE THAT INDICATE RECEIVING FEEDBACK ON LETTER: How often did respondents mention they had seen the **lead letter**? Also, what sorts of comments, if any, did they make or questions did they ask about the letter and its content? FOLLOW UP: And, based on that experience, do you feel this lead letter was more effective than the current main study version?]
3. Did you receive any feedback from respondents about the **question and answer brochure?** [FOR THOSE THAT INDICATE RECEIVING RESPONDENT FEEDBACK: What type of feedback did you receive? Did respondents focus on the content of the brochure, the appearance or layout of the brochure, or a mix of both? PROBE: Please provide examples of any comments on the content or appearance of the brochure that you can recall.]
4. Overall, do you think respondents' reactions to the **lead letter** and **question and answer brochure** were similar to the reactions you receive to the current main study contact materials, or were they different somehow? [FOR ANY WHO INDICATE REACTIONS THEY RECEIVED WERE DIFFERENT FOR DR HOUSEHOLDS, ASK: What were the main ways that respondents' reactions to the contact materials were different than the reactions you receive to the main study letter and brochure?]

5. Please describe your experience using the **new black leather portfolio** you received for the Dress Rehearsal. Please consider your use of the external pocket, pockets on the inside front cover and the pad of paper as part of your field work. [FOR ANY WHO INDICATE THE PORTFOLIO DID NOT MEET THEIR NEEDS, ASK: What features would be more useful to you for organizing your field materials?]
6. Overall, how would you describe your experience using the new laptop bag? Did having the extra pockets improve your organization of equipment and field materials? [FOR ANY WHO INDICATE THE BAG DID NOT MEET THEIR NEEDS, ASK: What do you think would make the laptop bag more useful?]
7. [IF APPLICABLE] Given the additional storage space in the new laptop bag, do you feel that having a portfolio provided for you is still necessary?
8. How often did you reference your DR FI Handbook while in the field? [FOR THOSE WHO INDICATE FREQUENT USE, ASK: What issues did you most commonly need to reference your handbook for? What suggestions, if any, do you have to improve the handbook to make it more user-friendly for you in the field?

SECTION III: Administering Household Screenings and Using the Tablet (30 minutes)

INTRO: For this next set of questions, I will be asking about your experience using the Samsung Galaxy Tablet and the NSDUH screening program and the changes specific to the Dress Rehearsal NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH SCREENINGS.

1. Do you feel that the Dress Rehearsal training adequately prepared you to use the new tablet to conduct screenings? [FOR ANY WHO DO NOT THINK THE INSTRUCTION WAS ADEQUATE: What recommendations do you have for improving the training on the tablet (for screening)?]
2. How long did it take you to feel **fully comfortable** using the tablet to conduct screenings? [FOR THOSE WHO INDICATE NOT QUICKLY FEELING COMFORTABLE USING THE TABLET, ASK: What were the greatest challenges you faced in becoming comfortable using the tablet (for screening)?]
3. Did you receive any reaction from respondents on the use of US Department of Health and Human Services rather than US Public Health Service? [FOR THOSE THAT RECEIVED RESPONDENT REACTION: Were these reactions positive or negative? Did this cause any confusion among respondents?]
4. If a video containing a 20-30 second video clip of the annual press conference were added to the tablet, do you think this would be a useful tool for gaining cooperation from respondents at the doorstep? Why or why not?
5. Did you experience any difficulties **typing in ROC notes or comments** using the keyboard on the tablet? [FOR ANY WHO INDICATE HAVING DIFFICULTY TYPING ROC NOTES OR COMMENTS, ASK: How often did you encounter problems typing in ROC notes or comments using the keyboard on the tablet? How were you able to overcome this challenge?]

6. Which of the available keyboard choices did you prefer using with the tablet – the standard Samsung keyboard or the Hacker's keyboard? What made you prefer the keyboard you chose?
7. When using the tablet, did you prefer to use your finger or the provided stylus? What influenced your choice? [FOR THOSE WHO INDICATE USING ONLY THE STYLUS, ASK: Were you satisfied with the size of the stylus? Would you prefer a longer version?]
8. Overall, how would you describe your experience using the email program on the tablet?
9. [IF APPLICABLE] Did you experience any problems using the email program? If so, what suggestions do you have to resolve those problems?
10. How often did you use the email program to communicate with your FS? [FOLLOW UP: What types of messages did you send and receive?]
11. Do you feel that having access to email on the tablet benefitted your work? If so, how?
12. How often did you connect your tablet to a wireless internet connection outside of your home? If you did this, did you use this most often to send/receive emails, to transmit screening cases from your tablet, or both? [FOR THOSE THAT TRANSMITTED TO PICK UP CASES: Do you feel that having this capability to transmit and pick up screening cases in the field would help you with your main study assignment?]
13. Were there any features on or capabilities of the tablet you found especially useful or especially problematic? If so, please describe in detail.
14. Overall, what are your feelings about the canvas case for the tablet? What changes or improvements would you make to improve its performance in the field?
15. Did you ever call Technical Support **for assistance** with the tablet at any point during data collection? [FOR ANY WHO INDICATE CALLING TECHNICAL SUPPORT, ASK: Can you tell me why you called?]

SECTION IV: Administering the Redesigned Questionnaire and Protocol (25 minutes)

INTRO: Now I am going to ask a series of questions about the experience you and your respondents had using the Dress Rehearsal questionnaire NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH INTERVIEWS.

1. Did you receive any feedback from respondents about their use of the computerized calendar? [FOR THOSE THAT RECEIVED FEEDBACK: What type of feedback or questions did you receive from respondents about the calendar? Please provide examples of any comments or questions that you can recall.]

2. Would you say respondents made comments or asked questions about the calendar as often as main study respondents using the paper version, less often, or more often? [PROBES: Tell me more about that. What do others think?]
3. Did any respondents (or proxy respondents) make any comments about not being able to clearly understand the ACASI voice in the computer? If so, what particular comments did they make and/or what specific questions/pronunciations did they seem to not understand?
4. How often did respondents or proxy respondents make comments or ask questions about **specific questions or modules** when completing either the items you administered to them or completing the ACASI portion of the interview protocol themselves? [PROBES: Tell me more about that. What do others think?]
5. Did respondents make comments or ask questions about the sexual orientation questions? [IF YES: Tell me more about that. What do others think?]
6. Did respondents make any comments or ask any questions about **any other specific questions or features of the protocol** when completing any of the modules (except for the prescription drug module)? [PROBE: Please provide examples of any comments or questions on specific questions or features of the protocol that you can recall.]
7. Did you experience any issues or notice any repeated problems with the use of the second ACASI section by the proxy respondents? Do you have any suggestions on how to improve that transition?

FOR BILINGUAL FI DEBRIEFING CALLS ONLY:

8. As you know, the Dress Rehearsal interview contains a lot of new content and materials in Spanish. The input gathered during this session will help us assess the performance of the Spanish instrument in the field. Therefore, please think carefully about your experiences administering the questionnaire and respondents' reactions to the interview. We are interested in detecting any issues in the translation of the Spanish questionnaire. Did respondents indicate they were confused or unsure about any Spanish text in the questionnaire? [PROBE: Please provide examples of questions or wording that caused confusion.]
9. Do you personally have any feedback on questions in the Spanish interview where the Spanish translation may be problematic? [PROBE: Which questions are problematic? Can you tell me more about that?]
10. Did respondents report any problems with the Spanish questionnaire that were not related to translation? For instance, were there any problems with screen layout, entering responses, or hearing the correct audio?
11. Are there any other comments that you would like to make about the Dress Rehearsal Spanish questionnaire?

SECTION V: Administering the DR Interview and Using the Laptop (10 minutes)

INTRO: In this next section, we are going to discuss the new Dress Rehearsal laptop, including how respondents reacted to it.

1. Do you feel the Dress Rehearsal training adequately prepared you to use the new laptop to conduct interviews? [FOR ANY WHO DO NOT THINK THE INSTRUCTION WAS ADEQUATE: What recommendations do you have for improving the training on the laptop?]
2. How long did it take you to feel **fully comfortable** using the laptop to conduct interviews? [FOR THOSE WHO INDICATE NOT QUICKLY FEELING COMFORTABLE USING THE LAPTOP, ASK: What do you think were the greatest challenges you faced in becoming comfortable using the laptop (to conduct interviews)?]
3. How did respondents react to the new laptop? Did respondents make any comments about the performance of the laptop or their ability to read the questions on the screen? What about the laptop's size?
4. Did any of your respondents make any comments about the function keys at the top of the laptop keyboard? [IF YES: What types of comments did they make? Did they say anything about the size of the buttons?]
5. Overall, how would you assess the performance of the laptop? Did you encounter any issues using the laptop, the laptop's touchpad or the keyboard? If so, please describe.
6. Did you ever call Technical Support for assistance with the laptop at any point during data collection? [FOR ANY WHO INDICATE REQUESTING TECHNICAL SUPPORT, ASK: Can you tell me why you called?

SECTION VI: Reactions to the Redesigned Prescription Drug Module (10 minutes)

INTRO: Now I am going to ask a few questions about the Prescription Drug Module that was redesigned for the Dress Rehearsal. This module asked respondents about their use and misuse of various prescription drugs and was completed as part of the first ACASI section of the interview. NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH INTERVIEWS.

1. Did respondents make comments or react specifically to the **amount of recall or the length of time required** to answer the questions in the prescription drug module? [IF YES: Please provide examples of any comments or reactions to the prescription drug questions you can recall.]
2. Did respondents make comments or react specifically to the **length of time required** to complete the prescription drug module? [IF YES: Please provide examples of any comments or reactions to the length of the prescription drug module you can recall.]

3. Did respondents make comments or react specifically to the **electronic pill images** in the prescription drug module? [IF YES: Please provide examples of any comments or reactions to the electronic pill images you can recall.]
4. Did respondents make comments or react specifically to the questions designed to **capture misuse of prescription drugs**? [IF YES: Please provide examples of any comments or reactions to the questions on misuse of prescription drugs you can recall.]
5. Did respondents make any comments or ask any questions about any other aspects of the prescription drug module? [IF YES: Please provide examples of any comments or questions about the prescription drug module that you can recall.]

SECTION VII: Overall Reactions to the Redesigned Questionnaire (15 minutes)

INTRO: I am now going to ask a few additional questions to address any issues respondents may have had with other redesigned portions of the Dress Rehearsal questionnaire. NOTE: FOR BILINGUAL-ONLY CALLS, FIs SHOULD ALSO INCLUDE RESPONSES SPECIFIC TO THEIR ADMINISTRATION OF SPANISH INTERVIEWS.

1. Did respondents make any comments or react specifically to the **amount of recall or length of time required to answer any of the other interview questions**? Would you say respondents commented on the time required to answer the interview questions about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
2. How often did respondents make comments or react specifically to the **length of time** required to complete the entire interview? Would you say respondents commented on the interview length about as often as main study respondents, less often, or more often? [PROBES: Tell me more about that. What do others think?]
3. [IF APPLICABLE] Did any other members of the household make comments or react specifically to the **length of time** to complete the interview? Were the comments or reactions mostly positive, mostly negative, or a mix of both? [PROBE: Please provide examples of any comments or reactions that you can recall.]
4. Did respondents raise **any other specific concerns** when completing the ACASI portion or the questions you administered? [PROBE: Please provide examples of any concerns that you can recall.]

SECTION VIII: Conclusion (5 minutes)

Are there any final comments or any questions on any of the topics we discussed, or other Dress Rehearsal topics?

I want to thank you all again for your participation on this call.

NOTETAKER WILL NOW STOP THE AUDIO RECORDING.

Appendix G: Dress Rehearsal Field Observation Materials

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Revised 6/17/2013

DR Screening Observation Checklist

Directions: Complete **one** DR Screening Observation Checklist for **each** screening you observe that ends in a code 22, 25, 26, 30, 31, or 32. For each screening procedure and summary item listed below, place a mark in the **Correct**, **Error**, or **N/A** column. For each Error or N/A response, provide a brief description in the space just below that item. If you observe an error that does not fit any of the categories below, describe that error in item 21. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening. Within 24 hours you should enter this information into the DR Reporting Spreadsheet and email the spreadsheet to Gretchen McHenry.

Screening Case ID: ☐☐☐☐☐☐☐☐☐☐ **Date of Observation:** ☐☐ ☐☐ ☐☐☐☐

FI Name: _____ **FI ID:** ☐☐☐☐☐☐

Observer Name: _____ **Observer Title:** _____

SCREENING PROCEDURES OBSERVED	Correct	Error	N/A
1. Displayed ID Badge prominently when knocking on door			
2. On Tablet "Study Introduction" screen when reached door			
3. Included all required information in introduction (Mark each item when spoken by FI) ☐ FI Name ☐ RTI International ☐ U.S. Department of Health and Human Services ☐ Lead Letter			
4. If R didn't recall Lead Letter, FI offered one to R (gave DR version of LL)			

SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
5. Confirmed SR was an adult resident of SDU (FI does not need to confirm age when it is obvious SR is 18 or older)			
6. Verified that he/she was at the correct address			
7. Gave DR Study Description to R **[IF NOT, INTERVENE]**			
8. Read Tablet "Informed Consent" screen to R **[IF NOT, INTERVENE]**			
9. Checked for missed DUs by reading the correct Tablet screen verbatim (This screen should not be read at apartments/condos)			
10. Read all roster questions verbatim (Describe each roster question not read verbatim)			
11. Recorded race based on R answer, not FI observation (If the SR refuses to answer for the householder, the FI can record an answer based on his/her observation of the race of the SR)			

SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
12. Obtained all screening information directly from the SR (Not by observation or a proxy)			
13. Confirmed accuracy & completeness of roster data w/ SR			
14. For codes 22, 25, 26, or 30, correctly followed verification procedures			
15. For code 31 or 32, presented project and interview information accurately			
16. For code 31 or 32, demonstrated flexibility in scheduling interview time			
17. For code 31 or 32, left appropriate information about future interview (If R asks questions or would like more information about the interview)			
18. For code 31 or 32, made attempts to begin interview right away			

SCREENING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
19. Provided R with the correct DR materials (did not substitute main study versions)			
20. Answered R questions correctly and thoroughly, referencing the appropriate DR details [e.g. RTI International, DHHS, did not mention DR or field test, sample size, pay or payment (should use give or receive), etc.]			
21. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST: [IF BIASING, INTERVENE]			

SCREENING SUMMARY
22. Did the screening presentation flow well? If NO, describe:
23. Was visibility an issue when using the Tablet? If YES, describe:
24. Were there any issues with the equipment (Tablet, Tablet case)? If YES, describe:
25. Was there any difficulty using the Tablet keyboard? If YES, describe:

SCREENING SUMMARY (continued)
26. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:
27. Was there any **respondent** confusion due to a procedure OR to the Tablet screening program itself? If YES, describe:
28. Was there any **FI** confusion due to the Tablet or screening program itself? If YES, describe:
29. Were there any respondent comments on the contact materials?
30. Did the respondent make any comments about specific screening questions?
ADDITIONAL OBSERVER COMMENTS:

SEGMENT MAPS AND LISTS PROCEDURES OBSERVED	Correct	Error	N/A
M1. Had segment maps readily available for reference while in the field (Either in the car or located with screening and interviewing materials) NOTE: If you are unsure, wait until the END of the observation and then ask the FI if he/she has the maps			
M2. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used segment maps to locate sample dwelling unit(s)			
M3. [IF THIS IS FI's FIRST VISIT TO THE DWELLING UNIT(s)] Used the segment maps and either the printed list of SDUs or the original list of dwelling units to check for missed DUs in the interval between the SDU and the next listed dwelling unit			
M4. [IF A MISSED DU IS FOUND] Used segment map and original list of dwelling units to make sure the missed DU was not already listed			

DR Interviewing Observation Checklist

Directions: Complete **one** DR Interviewing Observation Checklist for **each** interview you observe. For each interview procedure and summary item listed below, place a mark in the **Correct**, **Error**, or **N/A** column. For each Error or N/A response, provide a brief description in the space below that item. If you observe an error that does not fit any of the categories below, describe that error in item 14. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview. **Within 24 hours** you should enter this information into the DR Reporting Spreadsheet and email the spreadsheet to Gretchen McHenry.

Interview Case ID: ☐☐☐☐☐☐☐☐☐☐ – **A / B** (please circle A or B)

Date of Observation: ☐☐ ☐☐ ☐☐☐☐

FI Name: _____ **FI ID:** ☐☐☐☐☐☐

Observer Name: _____ **Observer Title:** _____

INTERVIEWING PROCEDURES OBSERVED	Correct	Error	N/A
1. If IR was a minor, FI first obtained consent from parent or legal guardian **[IF NOT, INTERVENE]**			
2. If IR was not SR, explained purpose of study and visit thoroughly **[IF NOT, INTERVENE]**			
3. If IR was not SR, handed DR STUDY DESCRIPTION to the respondent **[IF NOT, INTERVENE]**			
4. Read INTRO TO CAI from DR Showcard Booklet verbatim to respondent **[IF NOT, INTERVENE]**			

INTERVIEWING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
5. Chose the most private available location			
6. Set up equipment efficiently			
7. Explained HEADPHONE usage, offered headphones to IR, and plugged in			
8. Kept ACASI portion private (did not read ACASI), but remained attentive			
9. Read all screens verbatim (Record the ID number of all questions not read verbatim below)			
10. Presented DR SHOWCARDS when prompted by the CAI			
11. Followed the proper DR Quality Control Form and Incentive procedures			

INTERVIEWING PROCEDURES OBSERVED (continued)	Correct	Error	N/A
12. Answered IR questions correctly and thoroughly, referencing the appropriate DR details [e.g., RTI International, DHHS, did not mention DR or field test, sample size, pay or payment (should use give or receive), etc.]			
13. Provided IR with the correct DR materials (did not substitute main study versions)			
14. OTHER PROCEDURAL VIOLATION NOT NOTED ON THIS CHECKLIST: [IF BIASING OR DIVULGING CONFIDENTIAL INFORMATION, INTERVENE]			

INTERVIEWING SUMMARY
15. Did the respondent have trouble understanding any questions asked during the interview? If YES, describe:
16. Were there any issues with transition between the screening and the interview? If YES, describe:
17. Were there any issues with transition between the ACASI and CAPI sections of the interview? If YES, describe:

INTERVIEWING SUMMARY (continued)
18. Was there any **respondent** confusion due to something the FI said or did? If YES, describe:
19. Was there any **respondent** confusion due to a procedure OR to the CAI instrument itself? If YES, describe:
20. Was there any **respondent** confusion due to the Samsung laptop?
21. Was there any **FI** confusion due to the CAI instrument or Samsung laptop? If YES, describe:
22. If a **proxy** was used, was there any confusion regarding their role, the equipment, adjusting the volume, etc.? If YES, describe:
23. If a **proxy** was used, was there any difficulty understanding the ACASI tutorial? If YES, describe:

INTERVIEWING SUMMARY (continued)
24. Were there any problems with the Samsung laptop that disrupted the flow or completion of the interview?
25. Was there any confusion when the FI was completing the debriefing questions on the Tablet?
26. Did the respondent or proxy make any comments about specific interview questions?
27. Did the respondent or FI make any comments about the length of the interview?
ADDITIONAL OBSERVER COMMENTS

NSDUH DR Field Observations: Field Observer Reference Sheet

DR Field Observer Task List (Task number 0212800.001.102.003.006)

Please follow these steps while planning and conducting field observation trips. It is not necessary to actually complete or submit this form; it is designed as a helpful tool so you do not skip any protocol steps.

Enter a check mark in the space provided as you complete each item.

A. TRAVEL PREPARATION

____ **1. Receive DR Field Observation Assignment.**

____ **2. Contact the DR FI's Field Supervisor. Send the FS an email to obtain the FI's contact information and other information that will be pertinent to planning your trip. In the email, request the following information:**

- _____ **a) FI contact information (FI phone numbers can also be found in the FI Lookup form the General Information link on the CMS)**
- _____ **b) Location of DR segment and distance between FI segments**
- _____ **c) Any other information the FS feels is significant**

You should also request the FS send a copy of the DR FI Field Observations Instructions to the FI and notify him/her you will soon be in contact.

____ **3. Contact the DR FI. Call each FI and make plans for the observation. You will need to discuss the following:**

- _____ **a) Date most convenient for observation (Must be completed before September 15th)**
- _____ **b) DR Workload – How long will the FI have a DR assignment?**
- _____ **c) Segment information – Location of DR segment, type of attire needed**
- _____ **d) Other information – Suggested hotels, coordinating transportation to segment**

You should also confirm the FS has sent a copy of the DR FI instructions and tell the FI you will be spending the whole workday in the field with him/her. Let him/her know it is necessary to observe an interview and encourage him/her to set up an appointment in advance of your arrival.

____ **4. Once the date of observation has been determined, email your observation plans to Gretchen McHenry, copying the managing FS, RS, and your supervisor. In the email, include the dates you will observe each FI and any trip details associated with the observation (dates you will fly, drive, return, etc).**

____ **5. Are flight or hotel arrangements necessary?**

- ☐ **YES (flights) → continue with 6.**
- ☐ **YES (hotels) → continue with 8.**
- ☐ **NO → Skip to Field Preparation.**

____ **6. Make flight and rental car arrangements with Carlson Wagonlit Travel (online or by phone) at least 14 days prior to scheduled trip. You will need your Bank of America corporate credit card number and task number (0212800.001.102.003.006) ready when calling. Before booking your flight, review flight options on Expedia and select the best and most reasonable flight in terms of costs and time.**

____ **7. *Immediately* after booking your flight, send the completed General Travel Information Form to the NSDUH Secretaries and Gretchen McHenry, copying your supervisor. A copy of the General Travel Information Form can be found on the Downloadable Project Forms and Report Shells on the CMS.**

____ 8. **Determine the government per diem and lodging rates for the area by clicking the 'US Gov't Per Diems' link on the General Information page of the CMS. Please keep cost in mind when identifying a hotel and expensing meals.**

____ 9. **Make hotel reservations at or under the given per diem. When looking for a place to stay, search online for hotels in the area and/or gather FS and FI suggestions. <u>You cannot pay more than the official government rate.</u> <u>It is imperative that you verify the government rate on the 'US Gov't Per Diems' link after the hotel tells you what their government rate is.</u> You should also try to find a hotel that includes free parking and internet access. Call the hotel to confirm these details before booking.**

____ 10. **Update the CMS travel Calendar (with dates of travel, hotel, and contact information), SRD travel calendar, and your Outlook Calendar.**

B. <u>FIELD PREPARATION</u>

____ 1. **Print the DR forms from the email sent by the FO Manager:**

- ____ a. **<u>DR Field Observation FI Instructions Form:</u> You should hand a copy of this form to the FI when you meet him/her in the field. It contains the script the FI is to read to the respondent when introducing you and your role as the observer.**
- ____ b. **<u>DR Field Observer Reference Sheet</u>: This form outlines your role and responsibilities as the observer.**
- ____ c. **<u>NSDUH DR Screening Scripts</u>: Print and read through this file before going to the field. Use the script while observing an FI conducting a screening so you can check whether he/she reads the tablet screens verbatim. Note that there is an HU script and a GQU script within this file. *If you are a bilingual interviewer, please have both the English and Spanish scripts with you in the field.***
- ____ d. **<u>NSDUH DR CAI Script</u>: Print and read through this file before going to the field. Use the script to while observing an FI conducting an interview so you can check whether he/she reads the CAI screens verbatim. *If you are a bilingual interviewer, please have both the English and Spanish scripts with you in the field.***
- ____ e. **<u>DR Screening Observation Checklist:</u> One copy of this form must be completed for each screening case you observe than ends in a code 22, 25, 26, 30, 31, or 32. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing a screening.**
- ____ f. **<u>DR Interviewing Observation Checklist:</u> One copy of this form must be completed for each completed interview you observe. You should complete this checklist in hard copy using a clipboard or hard binder while at the household observing an interview.**

____ 2. **Make sufficient copies of both the screening and interviewing checklists before going into the field (we recommend printing 8 screening checklists and 4 interviewing checklists per FI).**

C. <u>AFTER THE OBSERVATION</u>

____ 1. **Enter data from your checklists into the DR Screening and Interview Report spreadsheets. Please enter the results of all cases observed for all FIs in one screening and one interview spreadsheet and e-mail to Gretchen McHenry, within 24 hours of completing all DR FO assignments.**

____ 2. **Send an e-mail to the FS, copying the RS, RD, and [NSDUH] DR Field Observations (DR-Field-Observation@rti.org), sharing positive feedback about the FI's performance within 24 hours of completing your observation.**

____ 3. **As soon as you have completed all of the field observations you will be conducting for the DR, please ship all completed hardcopy field observation checklists via United States Postal Service or interoffice mail to Gretchen McHenry at RTI.**

Appendix H: Estimates and Standard Errors for All New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal for English-Language Non-Hispanic Interviews among Persons Aged 12 or Older

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Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Race (QD05)								
White (QD051)	78.9	(2.15)	1,268	1,692	78.9	(2.72)	972	1,319
Black or African American (QD052)	14.7	(1.75)	333	1,692	14.6	(2.43)	233	1,319
American Indian or Alaska Native (American Indian Includes North American, Central American, and South American Indians) (QD053)	1.4	(0.42)	31	1,692	1.3	(0.34)	31	1,319
Native Hawaiian (QD054)	0.1	(0.07)	3	1,692	0.0	(0.01)	1	1,319
Guamanian or Chamorro (QD055)	0.0*	(0.00*)	0	1,692	0.0	(0.01)	1	1,319
Samoan (QD056)	0.1	(0.10)	2	1,692	0.0*	(0.00*)	0	1,319
Other Pacific Islander (QD057)	0.3	(0.12)	13	1,692	0.3	(0.18)	8	1,319
Asian (Including Asian, Indian, Chinese, Filipino, Japanese, Korean, and Vietnamese (QD058)	6.0	(0.99)	104	1,692	6.2	(1.51)	133	1,319
Other (Specify) (QD059)	0.4	(0.21)	7	1,692	0.6	(0.33)	7	1,319
Are you currently serving full-time in a Reserve component? (V2b)	0.0*	(0.00*)	0	1,692	0.0*	(0.00*)	0	1,320
Have you ever served on active duty in the U.S Armed Forces or Reserve components? (QD10a)	8.3	(0.98)	80	1,692	7.1	(1.29)	54	1,320
When did you serve on active duty in the U.S. Armed Forces or Reserve components? (QD10b1)[5]								
September 2001 or Later (QD10b11)	10.3*	(2.89*)	14	80	15.8*	(5.00*)	14	54
August 1990 to August 2001 (Including Persian Gulf War) (QD10b12)	17.4*	(4.75*)	14	80	11.0*	(4.49*)	8	54
May 1975 to July 1990 (QD10b13)	21.3[a]*	(5.32*)	17	80	6.8*	(3.39*)	7	54
Vietnam Era (August 1964 to April 1975) (QD10b14)	46.1*	(6.07*)	30	80	42.9*	(8.25*)	19	54
February 1955 to July 1964 (QD10b15)	9.0*	(3.33*)	7	80	5.8*	(5.20*)	2	54
Korean War (July 1950 to January 1955) (QD10b16)	8.5*	(3.25*)	6	80	12.4*	(6.35*)	5	54
January 1947 to June 1950 (QD10b17)	1.0*	(0.95*)	1	80	0.0*	(0.00*)	0	54
World War II (December 1941 to December 1946) (QD10b18)	5.5*	(2.75*)	4	80	11.0*	(5.36*)	4	54
November 1941 or Earlier (QD10b19)	0.0*	(0.00*)	0	80	0.0*	(0.00*)	0	54

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Did you ever serve on active duty in the U.S. Armed Forces or Reserve components in a military combat zone or an area where you drew imminent danger pay or hostile fire pay? (QD10c)[5]	35.9*	(6.65*)	36	80	40.3*	(10.57*)	25	54
What is the highest grade or year of school you have completed? (QD11)[6]								
No Schooling	0.1	(0.05)	2	1,692	0.0*	(0.00*)	0	1,320
1st Grade	0.0*	(0.00*)	0	1,692	0.0*	(0.00*)	0	1,320
2nd Grade	0.0*	(0.00*)	0	1,692	0.2	(0.15)	1	1,320
3rd Grade	0.0*	(0.00*)	0	1,692	0.1	(0.12)	1	1,320
4th Grade	0.1	(0.09)	1	1,692	0.0*	(0.00*)	0	1,320
5th Grade	0.3	(0.13)	7	1,692	0.4	(0.20)	6	1,320
6th Grade	1.9	(0.31)	70	1,692	1.5	(0.47)	43	1,320
7th Grade	2.7[a]	(0.44)	87	1,692	1.3	(0.43)	43	1,320
8th Grade	3.3	(0.47)	92	1,692	2.9	(0.68)	58	1,320
9th Grade	2.8	(0.41)	83	1,692	4.0	(0.66)	84	1,320
10th Grade	3.0	(0.43)	90	1,692	3.1	(0.54)	66	1,320
11th Grade	3.5	(0.44)	100	1,692	4.4	(0.57)	85	1,320
Regular High School Diploma	20.4	(1.68)	298	1,692	20.6	(1.97)	216	1,320
12th Grade, No Diploma	1.8	(0.45)	28	1,692	2.8	(0.60)	22	1,320
GED Certificate	3.8	(0.63)	61	1,692	5.0	(0.99)	66	1,320
Some College, No Degree	19.5	(1.27)	325	1,692	20.2	(1.73)	248	1,320
Associate's Degree	9.2	(0.88)	123	1,692	9.9	(1.29)	107	1,320
Bachelor's Degree	17.4	(1.76)	211	1,692	14.1	(1.50)	180	1,320
Master's Degree	7.6	(0.96)	85	1,692	7.7	(1.35)	77	1,320
Doctorate Degree (e.g., PhD)	1.2	(0.36)	13	1,692	0.8	(0.47)	6	1,320
Professional Degree Beyond Bachelor's Degree (e.g., MD)	1.5	(0.40)	16	1,692	1.0	(0.56)	11	1,320
Previously served as a proxy for another respondent? (PREVCOM)								
Yes	8.0	(1.31)	60	1,087	9.1	(2.15)	42	638
No	92.0	(1.32)	1,026	1,087	90.9	(2.15)	594	638
I am not sure	0.0	(0.04)	1	1,087	0.0	(0.03)	2	638
Previously completed any part of this interview yourself, including answering questions on behalf of a member of your household? (PREVCOM2)[5]	0.0*	(0.00*)	0	1	0.0*	(0.00*)	0	2

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Use of "smokeless" tobacco such as snuff, dip, chewing tobacco, or "snus." (CG25)	18.6	(1.16)	307	1,692	15.5	(1.62)	209	1,320
How old were you the first time you used "smokeless" tobacco? (CG26)[7]	18.4	(0.71)	N/A	307	18.1	(0.74)	N/A	207
How long has it been since you last used, have you used "smokeless" tobacco? (CG27and CG28)								
Within the past 30 days	5.4[a]	(0.60)	91	1,692	3.2	(0.62)	50	1,318
More than 30 days ago but within the past 12 months	1.8	(0.36)	40	1,692	1.2	(0.34)	19	1,318
More than 12 months ago	1.5	(0.30)	38	1,692	1.6	(0.46)	26	1,318
More than 3 years ago	9.9	(0.91)	138	1,692	9.5	(1.28)	112	1,318
During the past 30 days, did you have [Insert #] or more drinks on the same occasion? (AL08)[7,8]	23.9	(1.34)	415	1,679	22.3	(1.82)	301	1,309
Ever used Ketamine (LS01i)	1.4	(0.33)	26	1,690	1.3	(0.43)	18	1,320
Ever used DMT, AMT, or Foxy (LS01j)	0.7	(0.20)	16	1,689	1.4	(0.39)	18	1,318
Ever used *Salvia divinorum* (LS01k)	2.4	(0.46)	56	1,689	2.6	(0.65)	42	1,320
How long has it been since you last used Ketamine? (LS33)								
Within the past 30 days	0.1	(0.04)	2	1,689	0.0*	(0.00*)	0	1,320
More than 30 days ago but within the past 12 months	0.3	(0.16)	6	1,689	0.0*	(0.00*)	0	1,320
More than 12 months ago	1.1	(0.27)	17	1,689	1.3	(0.43)	18	1,320
How long has it been since you last used DMT, AMT, or Foxy? (LS34)								
Within the past 30 days	0.1	(0.05)	3	1,688	0.0*	(0.00*)	0	1,318
More than 30 days ago but within the past 12 months	0.2	(0.12)	3	1,688	0.1	(0.05)	2	1,318
More than 12 months ago	0.4[a]	(0.15)	9	1,688	1.3	(0.39)	16	1,318

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How long has it been since you last used *Salvia divinorum*? (LS35)								
Within the past 30 days	0.1	(0.09)	3	1,689	0.0*	(0.00*)	0	1,320
More than 30 days ago but within the past 12 months	0.2	(0.10)	6	1,689	0.1	(0.08)	1	1,320
More than 12 months ago	2.1	(0.40)	47	1,689	2.5	(0.61)	41	1,320
Have you ever, inhaled felt-tip pens, felt-tip markers, or magic markers for kicks or to get high? (IN01h1)	3.1	(0.35)	90	1,690	2.8	(0.51)	55	1,320
Have you ever inhaled computer keyboard cleaner, also known as air duster, for kicks or to get high? (IN01ii)	1.2	(0.27)	29	1,691	1.3	(0.34)	23	1,318
Have you ever used methamphetamine? (ME01)	6.9	(0.91)	98	1,691	8.0	(1.15)	83	1,319
How old were you the first time you used methamphetamine? (ME02)[7]	20.7	(0.67)	N/A	98	21.3	(0.83)	N/A	81
How long has it been since you last used methamphetamine? (MELAST3)								
Within the past 30 days	0.5	(0.18)	9	1,691	0.3	(0.22)	5	1,319
More than 30 days ago but within the past 12 months	0.1	(0.08)	3	1,691	0.4	(0.16)	6	1,319
More than 12 months ago	6.2	(0.86)	86	1,691	7.3	(1.05)	72	1,319
How many days you've used methamphetamine during the past 12 months? (MEFRAME3, MEYRAVE, MEMONAVE, MEWKAVE)[7]	161.2	(45.87)	N/A	12	195.6	(39.61)	N/A	11
During the past 30 days, on how many days did you use methamphetamine? (ME06)[7]	17.7*	(4.51*)	N/A	8	25.9*	(1.34*)	N/A	5
In the past 12 months, which, if any, of these pain relievers have you used? (PR01)								
Vicodin®	12.7	(1.23)	201	1,679	10.9	(1.30)	159	1,311
Lortab®	5.8	(0.78)	92	1,679	4.4	(0.87)	54	1,311
Lorcet®	1.1	(0.28)	23	1,679	1.7	(0.66)	16	1,311
Hydrocodone	14.6[a]	(1.29)	227	1,679	18.8	(1.45)	181	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR02)								
OxyContin®	2.5	(0.39)	54	1,675	3.1	(0.67)	35	1,312
Percocet®	6.5	(0.89)	107	1,675	5.4	(1.07)	63	1,312
Percodan®	0.5	(0.16)	11	1,675	0.8	(0.36)	6	1,312
Tylox®	0.3	(0.13)	6	1,675	0.1	(0.05)	4	1,312
Oxycodone	6.9	(0.94)	112	1,675	7.9	(1.15)	76	1,312
In the past 12 months, which, if any, of these pain relievers have you used? (PR03)								
Darvocet®	1.8	(0.46)	23	1,676	1.6	(0.65)	13	1,313
Darvon®	0.6	(0.33)	5	1,676	0.7	(0.29)	6	1,313
Propoxyphene	0.3	(0.13)	6	1,676	0.5	(0.34)	5	1,313
In the past 12 months, which, if any, of these pain relievers have you used? (PR04)								
Ultram®	2.3	(0.61)	35	1,677	1.9	(0.56)	15	1,312
Ultram® ER	0.5	(0.26)	6	1,677	0.4	(0.27)	4	1,312
Ultracet®	0.4	(0.17)	5	1,677	0.2	(0.12)	3	1,312
Ryzolt®	0.0	(0.03)	1	1,677	0.0*	(0.00*)	0	1,312
Tramadol	4.5	(0.57)	78	1,677	5.7	(1.16)	49	1,312
In the past 12 months, which, if any, of these pain relievers have you used? (PR05)								
Tylenol® with Codeine 3 or 4	11.1	(1.06)	199	1,675	12.7	(1.56)	146	1,309
Codeine Pills	1.7	(0.33)	38	1,675	1.7	(0.50)	20	1,309
In the past 12 months, which, if any, of these pain relievers have you used? (PR06)								
Avinza®	0.1	(0.12)	1	1,679	0.1	(0.09)	2	1,312
Kadian®	0.1	(0.06)	2	1,679	0.0*	(0.00*)	0	1,312
MS Contin®	0.1	(0.06)	3	1,679	0.2	(0.12)	2	1,312
Oramorph® SR	0.0*	(0.00*)	0	1,679	0.0*	(0.00*)	0	1,312
Morphine	3.9	(0.61)	65	1,679	2.8	(0.85)	28	1,312

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these pain relievers have you used? (PR07)								
Actiq®	0.1	(0.12)	1	1,678	0.0*	(0.00*)	0	1,311
Duragesic®	0.0	(0.05)	1	1,678	0.0*	(0.00*)	0	1,311
Fentora®	0.0	(0.05)	1	1,678	0.0*	(0.00*)	0	1,311
Fentanyl	0.7	(0.26)	11	1,678	0.3	(0.17)	3	1,311
In the past 12 months, which, if any, of these pain relievers have you used? (PR08)								
Suboxone®	0.8	(0.26)	17	1,678	1.3	(0.44)	13	1,312
Subutex®	0.3	(0.11)	7	1,678	0.3	(0.16)	4	1,312
Buprenorphine	0.0	(0.04)	1	1,678	0.5	(0.31)	4	1,312
In the past 12 months, which, if any, of these pain relievers have you used? (PR09)								
Demerol®	0.7	(0.16)	11	1,677	0.4	(0.24)	4	1,311
Dilaudid®	0.9	(0.25)	18	1,677	0.6	(0.39)	6	1,311
Methadone	0.7	(0.19)	16	1,677	0.5	(0.22)	10	1,311
Opana®	0.2	(0.07)	6	1,677	0.1	(0.06)	2	1,311
Opana® ER	0.2	(0.08)	6	1,677	0.2	(0.10)	3	1,311
In the past 12 months, which, if any, of these pain relievers have you used? (PR10)								
Talacen®	0.0*	(0.00*)	0	1,677	0.0*	(0.00*)	0	1,312
Talwin®	0.0	(0.03)	1	1,677	0.0	(0.04)	1	1,312
Talwin® NX	0.0	(0.04)	1	1,677	0.0*	(0.00*)	0	1,312
In the past 12 months, have you used any other prescription pain reliever? (PR11)	8.9	(0.87)	150	1,676	9.8	(1.20)	108	1,311
Have you ever used any prescription pain reliever? (PR12)	68.5	(1.66)	1,001	1,667	66.2	(1.67)	774	1,312
In the past 12 months, which, if any, of these tranquilizers have you used? (TR01)								
Xanax®	4.9	(0.75)	85	1,686	3.9	(0.73)	61	1,314
Xanax® XR	0.4	(0.17)	8	1,686	0.1	(0.07)	2	1,314
Alprazolam	1.6	(0.38)	24	1,686	3.1	(0.69)	25	1,314
Extended-Release Alprazolam	0.4	(0.27)	6	1,686	0.3	(0.20)	3	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these tranquilizers have you used? (TR02)								
Ativan®	1.1	(0.32)	17	1,686	0.7	(0.31)	5	1,314
Klonopin®	1.2	(0.29)	27	1,686	1.8	(0.53)	18	1,314
Lorazepam	2.0	(0.35)	34	1,686	2.5	(0.77)	22	1,314
Clonazepam	2.1	(0.45)	34	1,686	2.5	(0.89)	21	1,314
In the past 12 months, which, if any, of these tranquilizers have you used? (TR03)								
Valium®	2.0	(0.46)	37	1,686	1.4	(0.29)	20	1,315
Diazepam	1.1	(0.30)	17	1,686	2.8	(0.92)	17	1,315
Librium®	0.1	(0.07)	3	1,686	0.2	(0.24)	1	1,315
Tranxene®	0.0	(0.04)	2	1,686	0.1	(0.12)	1	1,315
Oxazepam (also known as Serax®)	0.0	(0.02)	1	1,686	0.3	(0.34)	1	1,315
In the past 12 months, which, if any, of these tranquilizers have you used? (TR04)								
Flexeril®`	4.5	(0.64)	66	1,686	3.0	(0.62)	39	1,314
Soma®`	1.3	(0.36)	29	1,686	2.1	(0.66)	22	1,314
In the past 12 months, which, if any, of these tranquilizers have you used? (TR05)								
Buspirone (also known as BuSpar®)	0.5	(0.23)	5	1,686	1.0	(0.37)	11	1,313
Hydroxyzine (also known as Atarax® or Vistaril®)	0.6	(0.27)	9	1,686	0.8	(0.43)	4	1,313
Meprobamate	0.0	(0.03)	1	1,686	0.1	(0.04)	2	1,313
In the past 12 months, have you used any other prescription tranquilizer? (TR06)	1.8	(0.38)	29	1,686	3.5	(1.03)	27	1,316
Have you ever, even once, used any prescription tranquilizer? (TR07)	27.1	(1.72)	369	1,683	30.2	(1.99)	311	1,309

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these stimulants have you used? (ST01)								
Adderall®	2.4	(0.41)	61	1,687	3.5	(0.68)	52	1,314
Adderall® XR	1.2	(0.26)	37	1,687	1.3	(0.45)	18	1,314
Dexedrine®	0.3	(0.13)	6	1,687	0.2	(0.17)	3	1,314
Dextroamphetamine	0.2	(0.12)	5	1,687	0.1	(0.07)	3	1,314
Amphetamine-Dextroamphetamine Combinations	0.8	(0.31)	14	1,687	0.3	(0.13)	6	1,314
In the past 12 months, which, if any, of these stimulants have you used? (ST02)								
Ritalin®	0.5	(0.16)	16	1,687	0.5	(0.16)	10	1,314
Ritalin® SR or Ritalin® LA	0.3[a]	(0.11)	12	1,687	0.0	(0.02)	1	1,314
Concerta®	0.6	(0.17)	22	1,687	1.1	(0.59)	17	1,314
Daytrana®	0.0	(0.02)	2	1,687	0.0*	(0.00*)	0	1,314
Methylphenidate	0.5[a]	(0.15)	9	1,687	0.1	(0.05)	4	1,314
In the past 12 months, which, if any, of these stimulants have you used? (ST03)								
Metadate® CD	0.0	(0.03)	1	1,687	0.1	(0.09)	2	1,313
Metadate® ER	0.1	(0.06)	1	1,687	0.1	(0.05)	2	1,313
Focalin®	0.3	(0.12)	8	1,687	0.1	(0.05)	2	1,313
Focalin® XR	0.3	(0.14)	8	1,687	0.1	(0.05)	4	1,313
Dexmethylphenidate	0.2	(0.11)	5	1,687	0.0	(0.01)	1	1,313
In the past 12 months, which, if any, of these stimulants have you used? (ST04)								
Benzphetamine	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,313
Didrex®	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,313
Diethylpropion	0.0	(0.03)	1	1,687	0.0	(0.01)	1	1,313
Phendimetrazine	0.2	(0.17)	1	1,687	0.1	(0.05)	2	1,313
Phentermine	0.8	(0.27)	14	1,687	1.0	(0.40)	14	1,313
In the past 12 months, which, if any, of these stimulants have you used? (ST05)								
Provigil®	0.1	(0.06)	1	1,687	0.3	(0.32)	2	1,313
Tenuate®	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,313
Vyvanse®	0.8	(0.26)	20	1,687	0.6	(0.25)	13	1,313
In the past 12 months, have you used any other prescription stimulant? (ST06)	1.1	(0.28)	24	1,686	1.1	(0.48)	14	1,316
Have you ever, even once, used any prescription stimulant? (ST07)	12.1	(1.08)	224	1,684	16.1	(1.77)	195	1,312

See notes at end of table. (continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, which, if any, of these sedatives have you used? (SV01)								
Ambien®	4.7	(0.69)	61	1,686	3.5	(0.61)	35	1,314
Ambien® CR	0.7	(0.25)	11	1,686	0.8	(0.54)	5	1,314
Zolpidem	1.8	(0.51)	21	1,686	1.4	(0.48)	12	1,314
Extended-Release Zolpidem	0.1	(0.08)	2	1,686	0.8	(0.56)	3	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV02)								
Lunesta®	1.0	(0.32)	12	1,687	0.4	(0.29)	3	1,314
Sonata®	0.5	(0.27)	5	1,687	0.0	(0.01)	1	1,314
Zaleplon	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV03)								
Dalmane	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
Halcion®	0.2	(0.20)	1	1,687	0.5	(0.27)	3	1,314
Flurazepam	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
Triazolam	0.2	(0.12)	3	1,687	0.1	(0.07)	2	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV04)								
Restoril®	0.1	(0.07)	2	1,687	0.0	(0.03)	1	1,314
Temazepam	0.7	(0.28)	7	1,687	0.8	(0.39)	7	1,314
In the past 12 months, which, if any, of these sedatives have you used? (SV05)								
Butisol®	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,314
Seconal®	0.1	(0.08)	1	1,687	0.0*	(0.00*)	0	1,314
Phenobarbital	0.2	(0.17)	3	1,687	0.1	(0.11)	2	1,314
In the past 12 months, have you used any other prescription sedative? (SV06)	1.2	(0.29)	23	1,687	2.7	(0.74)	29	1,313
Have you ever used any prescription sedative? (SV07)	17.3	(1.45)	213	1,683	16.6	(1.71)	178	1,309
Have you ever, even once, used any prescription pain reliever in any way a doctor did not direct you to use it? (PRL01 and PRL02)	12.2	(1.02)	222	1,663	11.6	(1.15)	168	1,312
In the past 12 months, did you use Vicodin in any way a doctor did not direct you to use it? (PRY01)	2.4[a]	(0.46)	49	1,683	1.3	(0.31)	26	1,315
How old were you when you first used Vicodin in a way a doctor did not direct you to use it? (PRY01a)[7]	24.3	(2.32)	N/A	48	27.6	(2.94)	N/A	26

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Lortab in a way a doctor did not direct you to use it? (PRY02)	1.0	(0.29)	23	1,682	0.4	(0.18)	6	1,315
How old were you when you first used Lortab in a way a doctor did not direct you to use it? (PRY02a)[7]	23.7	(2.69)	N/A	22	27.3*	(4.13*)	N/A	5
In the past 12 months, did you use Lorcet in any way a doctor did not direct you to use it? (PRY03)	0.2	(0.12)	5	1,683	0.4	(0.17)	5	1,315
How old were you when you first used Lorcet in a way a doctor did not direct you to use it? (PRY03a)[7]	18.1[a]*	(0.74*)	N/A	5	34.8*	(4.60*)	N/A	5
In the past 12 months, did you use hydrocodone in any way a doctor did not direct you to use it? (PRY04)	1.9	(0.37)	40	1,682	1.8	(0.47)	20	1,315
How old were you when you first used hydrocodone in a way a doctor did not direct you to use it? (PRY04a)[7]	25.8[a]	(2.76)	N/A	36	38.2	(4.41)	N/A	19
In the past 12 months, did you use OxyContin in any way a doctor did not direct you to use it? (PRY05)	0.9	(0.23)	23	1,682	0.7	(0.28)	9	1,316
How old were you when you first used OxyContin in a way a doctor did not direct you to use it? (PRY05a)[7]	20.8[a]	(1.98)	N/A	23	35.2*	(4.15*)	N/A	9
In the past 12 months, did you use Percocet in any way a doctor did not direct you to use it? (PRY06)	1.0	(0.24)	24	1,681	0.7	(0.25)	13	1,316
How old were you when you first used Percocet in a way a doctor did not direct you to use it? (PRY06a)[7]	23.0	(2.54)	N/A	24	27.1	(3.31)	N/A	13
In the past 12 months, did you use Percodan in any way a doctor did not direct you to use it? (PRY07)	0.2	(0.09)	5	1,682	0.1	(0.12)	1	1,316
How old were you when you first used Percodan in a way a doctor did not direct you to use it? (PRY07a)[7]	19.6[a]*	(2.46*)	N/A	5	30.0*	(0.00*)	N/A	1
In the past 12 months, did you use Tylox in any way a doctor did not direct you to use it? (PRY08)	0.0	(0.03)	1	1,682	0.0*	(0.00*)	0	1,316
How old were you when you first used Tylox in a way a doctor did not direct you to use it? (PRY08a)[7]	15.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use oxycodone in any way a doctor did not direct you to use it? (PRY09)	1.3	(0.31)	29	1,681	0.7	(0.28)	12	1,316
How old were you when you first used oxycodone in a way a doctor did not direct you to use it? (PRY09a)[7]	23.5	(1.77)	N/A	29	23.8	(3.52)	N/A	12
In the past 12 months, did you use Darvocet in a way a doctor did not direct you to use it? (PRY10)[6]	0.1	(0.08)	4	1,683	0.3	(0.17)	4	1,316
How old were you when you first used Darvocet in a way a doctor did not direct you to use it? (PRY10a)[7]	16.2[a*]	(0.67*)	N/A	4	26.0*	(2.66*)	N/A	4
In the past 12 months, did you use Darvon in any way a doctor did not direct you to use it? (PRY11)	0.0*	(0.00*)	0	1,683	0.1	(0.12)	1	1,316
How old were you when you first used Darvon in a way a doctor did not direct you to use it? (PRY11a)[7]	0.0*	(0.00*)	N/A	0	40.0*	(0.00*)	N/A	1
In the past 12 months, did you use propoxyphene in any way a doctor did not direct you to use it? (PRY12)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used propoxyphene in a way a doctor did not direct you to use it? (PRY12a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Ultram in any way a doctor did not direct you to use it? (PRY13)	0.5	(0.20)	8	1,682	0.4	(0.26)	3	1,316
How old were you when you first used Ultram in a way a doctor did not direct you to use it? (PRY13a)[7]	33.3*	(5.80*)	N/A	8	42.5*	(9.97*)	N/A	3
In the past 12 months, did you use Ultram ER in any way a doctor did not direct you to use it? (PRY14)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Ultram ER in a way a doctor did not direct you to use it? (PRY14a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Ultracet in any way a doctor did not direct you to use it? (PRY15)	0.2	(0.11)	2	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Ultracet in a way a doctor did not direct you to use it? (PRY15a)[7]	33.6*	(11.61*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Ryzolt in any way a doctor did not direct you to use it? (PRY16)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Ryzolt in a way a doctor did not direct you to use it? (PRY16a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use tramadol in any way a doctor did not direct you to use it? (PRY17)	0.6	(0.18)	13	1,683	0.5	(0.16)	8	1,315
How old were you when you first used tramadol in a way a doctor did not direct you to use it? (PRY17a)[7]	26.5	(3.32)	N/A	13	25.5*	(3.21*)	N/A	8
In the past 12 months, did you use Tylenol with codeine 3 or 4 in any way a doctor did not direct you to use it? (PRY18)	1.4	(0.29)	31	1,677	1.1	(0.28)	19	1,316
How old were you when you first used Tylenol with codeine 3 or 4 in a way a doctor did not direct you to use it? (PRY18a)[7]	27.5	(5.24)	N/A	31	25.3	(2.38)	N/A	18
In the past 12 months, did you use codeine pills in any way a doctor did not direct you to use them? (PRY19)	0.3	(0.13)	9	1,680	0.3	(0.17)	3	1,316
How old were you when you first used codeine pills in a way a doctor did not direct you to use them? (PRY19a)[7]	17.2*	(0.77*)	N/A	9	18.7*	(0.65*)	N/A	3
In the past 12 months, did you use Avinza in any way a doctor did not direct you to use it? (PRY20)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Avinza in a way a doctor did not direct you to use them? (PRY20a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Kadian in any way a doctor did not direct you to use it? (PRY21)	0.0	(0.04)	1	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Kadian in a way a doctor did not direct you to use it? (PRY21a)[7]	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use MS Contin in any way a doctor did not direct you to use it? (PRY22)	0.0*	(0.00*)	0	1,683	0.1	(0.11)	1	1,316
How old were you when you first used MS Contin in a way a doctor did not direct you to use it? (PRY22a)[7]	0.0*	(0.00*)	N/A	0	22.0*	(0.00*)	N/A	1
In the past 12 months, did you use morphine in any way a doctor did not direct you to use it? (PRY24)	0.4	(0.16)	9	1,683	0.1	(0.12)	2	1,316
How old were you when you first used morphine in a way a doctor did not direct you to use it? (PRY24a)[7]	17.5[a]*	(1.55*)	N/A	9	47.8*	(1.58*)	N/A	2
In the past 12 months, did you use Actiq in any way a doctor did not direct you to use it? (PRY25)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Actiq in a way a doctor did not direct you to use it? (PRY25a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Duragesic in any way a doctor did not direct you to use it? (PRY26)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Duragesic in a way a doctor did not direct you to use it? (PRY26a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Fentora in any way a doctor did not direct you to use it? (PRY27)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Fentora in a way a doctor did not direct you to use it? (PRY27a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use fentanyl in any way a doctor did not direct you to use it? (PRY28)	0.1	(0.06)	2	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used fentanyl in a way a doctor did not direct you to use it? (PRY28a)[7]	22.1*	(2.83*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Suboxone in any way a doctor did not direct you to use it? (PRY29)	0.3	(0.11)	9	1,683	0.3	(0.23)	3	1,316
How old were you when you first used Suboxone in a way a doctor did not direct you to use it? (PRY29a)[7]	24.2*	(2.03*)	N/A	9	33.2*	(4.93*)	N/A	3
In the past 12 months, did you use Subutex in any way a doctor did not direct you to use it? (PRY30)	0.1	(0.08)	4	1,683	0.2	(0.14)	3	1,316
How old were you when you first used Subutex in a way a doctor did not direct you to use it? (PRY30a)[7]	23.5*	(0.65*)	N/A	4	20.8*	(3.42*)	N/A	2
In the past 12 months, did you use buprenorphine in any way a doctor did not direct you to use it? (PRY31)	0.0	(0.04)	1	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used buprenorphine in a way a doctor did not direct you to use it? (PRY31a)[7]	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Demerol in any way a doctor did not direct you to use it? (PRY32)	0.1	(0.04)	2	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Demerol in a way a doctor did not direct you to use it? (PRY32a)[7]	18.6*	(0.61*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Dilaudid in any way a doctor did not direct you to use it? (PRY33)	0.3	(0.09)	8	1,683	0.1	(0.08)	1	1,316
How old were you when you first used Dilaudid in a way a doctor did not direct you to use it? (PRY33a)[7]	21.5[a]*	(2.42*)	N/A	8	38.0*	(0.00*)	N/A	1

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use methadone in any way a doctor did not direct you to use it? (PRY34)	0.3	(0.12)	8	1,683	0.3	(0.17)	4	1,316
How old were you when you first used methadone in a way a doctor did not direct you to use it? (PRY34a)[7]	20.9*	(2.42*)	N/A	8	25.0*	(4.01*)	N/A	4
In the past 12 months, did you use Opana in any way a doctor did not direct you to use it? (PRY35)	0.1	(0.06)	5	1,683	0.0	(0.01)	1	1,316
How old were you when you first used Opana in a way a doctor did not direct you to use it? (PRY35a)[7]	16.2*	(1.16*)	N/A	5	16.0*	(0.00*)	N/A	1
In the past 12 months, did you use Opana ER in any way a doctor did not direct you to use it? (PRY36)	0.1	(0.06)	3	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Opana ER in a way a doctor did not direct you to use it? (PRY36a)[7]	17.7*	(0.24*)	N/A	3	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Talwin in any way a doctor did not direct you to use it? (PRY38)	0.0	(0.03)	1	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Talwin in a way a doctor did not direct you to use it? (PRY38a)[7]	13.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Talwin NX in any way a doctor Did not direct you to use it? (PRY39)	0.0*	(0.00*)	0	1,683	0.0*	(0.00*)	0	1,316
How old were you when you first used Talwin NX in a way a doctor did not direct you to use it? (PRY39a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40)	0.2	(0.09)	6	1,677	0.5	(0.27)	7	1,314
How old were you when you first used any other prescription pain reliever in a way a doctor did not direct you to use it? (PRY40a)[7]	21.2*	(2.74*)	N/A	7	17.2*	(2.64*)	N/A	6
In the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM01)	2.0	(0.40)	38	1,674	1.4	(0.37)	23	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 30 days, on how many days did you use [PRNAMEFILL] in any way a doctor did not direct you to use it? (PRM02)[7]	8.7	(1.56)	N/A	37	10.1	(2.93)	N/A	23
During the past 30 days, did you use [PRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (PRM03)	0.8[a]	(0.26)	13	1,482	0.2	(0.12)	3	1,161
Which of these statements describe your use of [PRNAMEFILL] at any time in the past 12 months? (PRY41)[5]								
I used [PRNAMEFILL] without a prescription of my own.	70.0[a]	(4.93)	82	120	51.0*	(7.76*)	44	79
I used [PRNAMEFILL] in greater amounts than it was/they were prescribed.	25.8	(5.13)	32	120	18.1*	(4.72*)	16	79
I used [PRNAMEFILL] more often than it was/they were prescribed.	22.6	(4.96)	25	120	24.0*	(6.25*)	15	79
I used [PRNAMEFILL] for longer than it was/they were prescribed.	12.6	(3.68)	15	120	21.4*	(6.94*)	17	79
I used [PRNAMEFILL] in some other way a doctor did not direct me to use it/them.	21.5	(4.37)	28	120	19.1*	(5.85*)	16	79
What were the reasons you used [PRLASTFILL2] that time? (PRYMOTIV)[5]								
To relieve physical pain	73.3	(4.25)	80	117	68.6*	(6.58*)	53	80
To relax or relieve tension	22.5	(4.27)	30	117	21.1*	(5.79*)	20	80
To experiment or to see what it's/ they're like	8.9*	(3.50*)	11	117	3.1*	(1.80*)	5	80
To feel good or get high	22.8	(4.26)	29	117	15.6*	(5.26*)	13	80
To help with my sleep	14.7	(3.48)	21	117	11.1*	(3.97*)	10	80
To help me with my feelings or emotions	8.1	(2.64)	12	117	6.3*	(3.35*)	7	80
To increase or decrease the effect(s) of some other drug	2.3	(1.48)	3	117	1.1*	(1.13*)	1	80
Because I am "hooked" or I have to have it/them	1.9	(1.27)	3	117	5.5*	(3.02*)	4	80
I used it/them for some other reason	2.4*	(1.77*)	2	117	3.0*	(1.84*)	3	80

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Which was the main reason you used [PRLASTFILL2] that time? (PRYMOT1)[5]								
To relieve physical pain	28.6[a*]	(9.04[*])	12	36	63.9[*]	(11.68[*])	11	21
To relax or relieve tension	23.4[*]	(8.27[*])	7	36	10.1[*]	(6.65[*])	3	21
To experiment or to see what it's/ they're like	0.0[*]	(0.00[*])	0	36	0.0[*]	(0.00[*])	0	21
To feel good or get high	19.3[*]	(7.67[*])	7	36	11.6[*]	(8.44[*])	4	21
To help with my sleep	19.3[a*]	(8.17[*])	6	36	0.0[*]	(0.00[*])	0	21
To help me with my feelings or emotions	3.8[*]	(2.71[*])	2	36	5.9[*]	(4.24[*])	2	21
To increase or decrease the effect(s) of some other drug	0.0[*]	(0.00[*])	0	36	0.0[*]	(0.00[*])	0	21
Because I am "hooked" or I have to have it/them	5.5[*]	(4.46[*])	2	36	8.5[*]	(8.08[*])	1	21
The other reason I reported	0.0[*]	(0.00[*])	0	36	0.0[*]	(0.00[*])	0	21
Now think about the last time you used [PRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [PRLASTFILL]? (PRY42B)[5]								
I got a prescription for the [PRLASTFILL] from just one doctor	24.9	(4.94)	29	121	32.2[*]	(7.40[*])	23	79
I got prescriptions for the [PRLASTFILL] from more than one doctor	1.9[*]	(1.93[*])	2	121	2.3[*]	(2.24[*])	1	79
I stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.3	(0.28)	1	121	0.0[*]	(0.00[*])	0	79
I got the [PRLASTFILL] from a friend or relative for free	46.2	(5.27)	52	121	40.0[*]	(7.25[*])	33	79
I bought the [PRLASTFILL] from a friend or relative	12.0	(3.06)	16	121	9.1[*]	(2.28[*])	8	79
I took the [PRLASTFILL] from a friend or relative without asking	4.1	(1.87)	7	121	2.8[*]	(2.57[*])	3	79
I bought the [PRLASTFILL] from a drug dealer or other stranger	5.9	(1.69)	10	121	8.6[*]	(4.65[*])	6	79
I got the [PRLASTFILL] in some other way	4.7[*]	(2.93[*])	4	121	4.9[*]	(2.61[*])	5	79

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How did your friend or relative get the [PRLASTFILL]? (PRY42C)[5]								
He or she got a prescription for the [PRLASTFILL] from just one doctor	90.2*	(4.97*)	39	44	94.8*	(5.08*)	30	31
He or she got prescriptions for the [PRLASTFILL] from more than one doctor	0.0*	(0.00*)	0	44	0.0*	(0.00*)	0	31
He or she stole the [PRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	44	0.0*	(0.00*)	0	31
He or she got the [PRLASTFILL] from a friend or relative for free	2.7*	(1.96*)	2	44	0.0*	(0.00*)	0	31
He or she bought the [PRLASTFILL] from a friend or relative	0.0*	(0.00*)	0	44	0.0*	(0.00*)	0	31
He or she took the [PRLASTFILL] from a friend or relative without asking	1.2*	(1.20*)	1	44	5.2*	(5.08*)	1	31
He or she bought the [PRLASTFILL] from a drug dealer or other stranger	1.5*	(1.51*)	1	44	0.0*	(0.00*)	0	31
He or she got the [PRLASTFILL] in some other way	4.4*	(4.27*)	1	44	0.0*	(0.00*)	0	31
Have you ever, even once, used any prescription tranquilizer in any way a doctor did not direct you to use it? (TRL01 and TRL02)	5.9	(0.84)	98	1,683	5.4	(0.88)	78	1,309
In the past 12 months, did you use Xanax in any way a doctor did not direct you to use it? (TRY01)	1.3	(0.29)	38	1,687	1.1	(0.29)	23	1,315
How old were you when you first used Xanax in a way a doctor did not direct you to use it? (TRY01a)[7]	21.0	(1.66)	N/A	38	23.5	(2.59)	N/A	22
In the past 12 months, did you use Xanax XR in a way a doctor did not direct you to use it? (TRY02)	0.2	(0.13)	4	1,687	0.0	(0.01)	1	1,315
How old were you when you first used Xanax XR in a way a doctor did not direct you to use it? (TRY02a)[7]	25.7*	(6.48*)	N/A	4	15.0*	(0.00*)	N/A	1
In the past 12 months, did you use alprazolam in any way a doctor did not direct you to use it? (TRY03)	0.3	(0.11)	8	1,687	0.4	(0.28)	4	1,315

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used alprazolam in a way a doctor did not direct you to use it? (TRY03a)[7]	20.8*	(4.15*)	N/A	8	29.2*	(7.57*)	N/A	4
In the past 12 months, did you use extended-release alprazolam in any way a doctor did not direct you to use it? (TRY04)	0.0	(0.03)	1	1,687	0.1	(0.11)	2	1,315
How old were you when you first used extended-release alprazolam in a way a doctor did not direct you to use it? (TRY04a)[7]	13.0[a]*	(0.00*)	N/A	1	17.9*	(0.14*)	N/A	2
In the past 12 months, did you use Ativan in any way a doctor did not direct you to use it? (TRY05)	0.2[a]	(0.07)	7	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Ativan in a way a doctor did not direct you to use it? (TRY05a)[7]	24.8*	(4.67*)	N/A	7	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Klonopin in any way a doctor did not direct you to use it? (TRY06)	0.5	(0.19)	12	1,687	0.2	(0.13)	3	1,315
How old were you when you first used Klonopin in a way a doctor did not direct you to use it? (TRY06a)[7]	18.7	(0.84)	N/A	12	23.4*	(3.93*)	N/A	3
In the past 12 months, did you use lorazepam in any way a doctor did not direct you to use it? (TRY07)	0.5	(0.15)	11	1,687	0.4	(0.24)	5	1,315
How old were you when you first used lorazepam in a way a doctor did not direct you to use it? (TRY07a)[7]	26.3	(4.40)	N/A	11	40.2*	(9.67*)	N/A	5
In the past 12 months, did you use clonazepam in any way a doctor did not direct you to use it? (TRY08)	0.2	(0.08)	5	1,687	0.2	(0.11)	3	1,315
How old were you when you first used clonazepam in a way a doctor did not direct you to use it? (TRY08a)[7]	16.0[a]*	(1.01*)	N/A	5	28.0*	(4.73*)	N/A	3
In the past 12 months, did you use Valium in any way a doctor did not direct you to use it? (TRY09)	0.6	(0.18)	14	1,687	0.3	(0.13)	6	1,315
How old were you when you first used Valium in a way a doctor did not direct you to use it? (TRY09a)[7]	20.6	(2.50)	N/A	14	22.6*	(2.87*)	N/A	5

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Librium in any way a doctor did not direct you to use it? (TRY10)	0.0	(0.02)	1	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Librium in a way a doctor did not direct you to use it? (TRY10a)[7]	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Tranxene in any way a doctor did not direct you to use it? (TRY11)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Tranxene in a way a doctor did not direct you to use it? (TRY11a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use diazepam in any way a doctor did not direct you to use it? (TRY12)	0.2	(0.08)	5	1,687	0.3	(0.25)	3	1,315
How old were you when you first used diazepam in a way a doctor did not direct you to use it? (TRY12a)[7]	20.9*	(2.58*)	N/A	5	21.0*	(1.27*)	N/A	3
In the past 12 months, did you use oxazepam, also known as Serax, in any way a doctor did not direct you to use it? (TRY13)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used oxazepam in a way a doctor did not direct you to use it? (TRY13a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Flexeril in any way a doctor did not direct you to use it? (TRY14)	0.4[a]	(0.15)	9	1,687	0.0	(0.02)	3	1,315
How old were you when you first used Flexeril in a way a doctor did not direct you to use it? (TRY14a)[7]	29.9*	(4.47*)	N/A	9	26.2*	(0.40*)	N/A	3
In the past 12 months, did you use Soma in any way a doctor did not direct you to use it? (TRY15)	0.4	(0.12)	14	1,687	0.7	(0.33)	8	1,315
How old were you when you first used Soma in a way a doctor did not direct you to use it? (TRY15a)[7]	19.6[a]	(1.11)	N/A	14	30.3*	(4.73*)	N/A	8
In the past 12 months, did you use buspirone, also known as BuSpar, in any way a doctor did not direct you to use it? (TRY16)	0.0	(0.03)	1	1,687	0.2	(0.19)	1	1,315
How old were you when you first used buspirone, also known as BuSpar, in a way a doctor did not direct you to use it? (TRY16a)[7]	13.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use hydroxyzine, also known as Atarax or Vistaril, in any way a doctor did not direct you to use it? (TRY17)	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,315

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used hydroxyzine, also known as Atarax or Vistaril, in a way a doctor did not direct you to use it? (TRY17a)[7]	16.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use meprobamate, also known as Equanil or Miltown, in any way a doctor did not direct you to use it? (TRY18)	0.0	(0.03)	1	1,687	0.0	(0.01)	1	1,315
How old were you when you first used meprobamate, also known as Equanil or Miltown, in a way a doctor did not direct you to use it? (TRY18a)[7]	13.0*	(0.00*)	N/A	1	17.0*	(0.00*)	N/A	1
In the past 12 months, did you use any other prescription tranquilizer in a way a doctor did not direct you to use it? (TRY19)	0.0*	(0.00*)	0	1,687	0.1	(0.12)	1	1,316
How old were you when you first used any other prescription tranquilizer in a way a doctor did not direct you to use it? (TRY18a)[7]	0.0*	(0.00*)	N/A	0	40.0*	(0.00*)	N/A	1
In the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM01)	0.9	(0.26)	21	1,687	0.7	(0.30)	11	1,314
During the past 30 days, on how many days did you use [TRNAMEFILL] in any way a doctor did not direct you to use it? (TRM02)[7]	5.6[a]	(1.53)	N/A	20	11.0	(2.05)	N/A	11
During the past 30 days, did you use [TRNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (TRM03)	0.4	(0.16)	7	1,605	0.1	(0.04)	2	1,238
Which of these statements describe your use of [TRNAMEFILL] at any time in the past 12 months? (TRY20)[5]								
I used [TRNAMEFILL] without a prescription of my own.	78.9*	(5.76*)	48	61	59.3*	(10.73*)	28	41
I used [TRNAMEFILL] in greater amounts than it was/they were prescribed.	20.0*	(5.57*)	13	61	20.8*	(10.10*)	6	41
I used [TRNAMEFILL] more often than it was/they were prescribed.	7.4*	(3.17*)	5	61	3.5*	(3.26*)	2	41
I used [TRNAMEFILL] for longer than it was/they were prescribed.	2.9*	(2.14*)	2	61	2.7*	(2.21*)	3	41
I used [TRNAMEFILL] in some other way a doctor did not direct me to use it/them.	9.0*	(3.29*)	7	61	25.8*	(9.33*)	11	41

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
What were the reasons you used [TRLASTFILL2] that time? (TRYMOTIV)[5]								
To relax or relieve tension	67.0*	(6.92*)	40	62	52.2*	(9.27*)	23	43
To experiment or to see what it's/ they're like	10.0*	(4.10*)	7	62	2.0*	(1.84*)	2	43
To feel good or get high	23.3*	(6.03*)	17	62	25.3*	(7.90*)	11	43
To help with my sleep	28.9*	(7.91*)	15	62	26.6*	(9.36*)	12	43
To help me with my feelings or emotions	20.9*	(5.65*)	15	62	14.8*	(6.06*)	8	43
To increase or decrease the effect(s) of some other drug	10.2[a]*	(4.87*)	6	62	0.0*	(0.00*)	0	43
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	62	0.0*	(0.00*)	0	43
I used it/them for some other reason	2.3*	(2.28*)	1	62	7.1*	(5.01*)	2	43
Which was the main reason you used [TRLASTFILL2] that time? (TRYMOT1)[5]								
To relax or relieve tension	49.4*	(11.24*)	10	21	35.9*	(17.83*)	4	10
To experiment or to see what it's/ they're like	5.2*	(5.06*)	1	21	0.0*	(0.00*)	0	10
To feel good or get high	6.6*	(4.57*)	2	21	21.9*	(14.18*)	3	10
To help with my sleep	18.1*	(11.72*)	2	21	42.2*	(19.85*)	3	10
To help me with my feelings or emotions	13.9[a]*	(6.99*)	4	21	0.0*	(0.00*)	0	10
To increase or decrease the effect(s) of some other drug	6.8*	(5.53*)	2	21	0.0*	(0.00*)	0	10
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	21	0.0*	(0.00*)	0	10
The other reason I reported	0.0*	(0.00*)	0	21	0.0*	(0.00*)	0	10
Now think about the last time you used [TRLASTFILL2] in any way a doctor did not direct you to use it/them. How did you get the [TRLASTFILL]? (TRY21B)[5]								
I got a prescription for the [TRLASTFILL] from just one doctor	17.5*	(7.08*)	8	61	26.2*	(10.44*)	10	43
I got prescriptions for the [TRLASTFILL] from more than one doctor	0.0*	(0.00*)	0	61	0.0*	(0.00*)	0	43
I stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	61	0.0*	(0.00*)	0	43
I got the [TRLASTFILL] from a friend or relative for free	52.7*	(7.13*)	34	61	39.4*	(10.70*)	19	43
I bought the [TRLASTFILL] from a friend or relative	10.5*	(3.90*)	8	61	12.1*	(5.54*)	5	43

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
I took the [TRLASTFILL] from a friend or relative without asking	12.4*	(5.70*)	7	61	6.0*	(3.53*)	3	43
I bought the [TRLASTFILL] from a drug dealer or other stranger	5.0*	(3.25*)	3	61	13.6*	(7.09*)	5	43
I got the [TRLASTFILL] in some other way	2.0*	(2.06*)	1	61	2.6*	(2.59*)	1	43
How did your friend or relative get the [TRLASTFILL]? (TRY21C)[5]								
He or she got a prescription for the [TRLASTFILL] from just one doctor	89.1*	(5.48*)	26	30	97.6*	(1.65*)	15	18
He or she got prescriptions for the[TRLASTFILL] from more than one doctor	3.0*	(2.97*)	1	30	0.0*	(0.00*)	0	18
He or she stole the [TRLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
He or she got the [TRLASTFILL] from a friend or relative for free	2.2*	(2.25*)	1	30	0.0*	(0.00*)	0	18
He or she bought the [TRLASTFILL] from a friend or relative	5.7*	(4.08*)	2	30	2.4*	(1.65*)	3	18
He or she took the [TRLASTFILL] from a friend or relative without asking	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
He or she bought the [TRLASTFILL] from a drug dealer or other stranger	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
He or she got the [TRLASTFILL] in some other way	0.0*	(0.00*)	0	30	0.0*	(0.00*)	0	18
Have you ever, even once, used any prescription stimulant in any way a doctor did not direct you to use it? (STL01 and STL02)	4.3	(0.64)	90	1,684	4.4	(0.91)	69	1,311
In the past 12 months, did you use Adderall in any way a doctor did not direct you to use it? (STY01)	1.3	(0.31)	37	1,687	1.8	(0.48)	32	1,314
How old were you when you first used Adderall in a way a doctor did not direct you to use it? (STY01a)[7]	19.2	(0.60)	N/A	37	20.9	(1.12)	N/A	32
In the past 12 months, did you use Adderall XR in any way a doctor did not direct you to use it? (STY02)	0.6	(0.16)	19	1,687	0.3	(0.17)	6	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used Adderall XR in a way a doctor did not direct you to use it? (STY02a)[7]	18.6	(0.85)	N/A	19	26.2*	(3.89*)	N/A	6
In the past 12 months, did you use Dexedrine in any way a doctor did not direct you to use it? (STY03)	0.1	(0.09)	3	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Dexedrine in a way a doctor did not direct you to use it? (STY03a)[7]	17.6*	(0.44*)	N/A	3	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use dextroamphetamine in any way a doctor did not direct you to use it? (STY04)	0.2	(0.10)	3	1,687	0.1	(0.07)	1	1,314
How old were you when you first used dextroamphetamine in a way a doctor did not direct you to use it? (STY04a)[7]	18.3[a]*	(0.26*)	N/A	3	19.0*	(0.00*)	N/A	1
In the past 12 months, did you use mixed amphetamine dextroamphetamine pills other than Adderall in any way a doctor did not direct you to use them? (STY05)	0.3	(0.14)	6	1,687	0.1	(0.05)	2	1,314
How old were you when you first used mixed amphetamine dextroamphetamine pills other than Adderall in a way a doctor did not direct you to use them? (STY05a)[7]	20.2*	(1.26*)	N/A	6	24.1*	(3.98*)	N/A	2
In the past 12 months, did you use Ritalin in any way a doctor did not direct you to use it? (STY06)	0.3	(0.11)	9	1,687	0.1	(0.05)	2	1,314
How old were you when you first used Ritalin in a way a doctor did not direct you to use it? (STY06a)[7]	26.3*	(6.68*)	N/A	9	18.6*	(0.58*)	N/A	2
In the past 12 months, did you use Ritalin SR or Ritalin LA in any way a doctor did not direct you to use it? (STY07)	0.2[a]	(0.09)	6	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Ritalin SR or Ritalin LA in a way a doctor did not direct you to use it? (STY07a)[7]	18.2*	(0.63*)	N/A	6	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Concerta in any way a doctor did not direct you to use it? (STY08)	0.2	(0.09)	9	1,687	0.2	(0.14)	2	1,314
How old were you when you first used Concerta in a way a doctor did not direct you to use it? (STY08a)[7]	17.5[a]*	(0.79*)	N/A	9	22.0*	(0.00*)	N/A	1

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
In the past 12 months, did you use Daytrana in any way a doctor did not direct you to use it? (STY09)	0.0	(0.02)	2	1,687	0.0*	(0.00*)	0	1,315
How old were you when you first used Daytrana in a way a doctor did not direct you to use it? (STY09a)[7]	19.6*	(2.47*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use methylphenidate in any way a doctor did not direct you to use it? (STY10)	0.2	(0.10)	3	1,687	0.0	(0.01)	1	1,315
How old were you when you first used methylphenidate in a way a doctor did not direct you to use it? (STY10a)[7]	30.1*	(11.21*)	N/A	3	17.0*	(0.00*)	N/A	1
In the past 12 months, did you use Metadate CD in any way a doctor did not direct you to use it? (STY11)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Metadate CD in a way a doctor did not direct you to use it? (STY11a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Metadate ER in any way a doctor did not direct you to use it? (STY12)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Metadate ER in a way a doctor did not direct you to use it? (STY12a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Focalin in any way a doctor did not direct you to use it? (STY13)	0.1	(0.06)	4	1,687	0.1	(0.05)	2	1,314
How old were you when you first used Focalin in a way a doctor did not direct you to use it? (STY13a)[7]	17.7[a]*	(1.05*)	N/A	4	21.5*	(0.71*)	N/A	2
In the past 12 months, did you use Focalin XR in any way a doctor did not direct you to use it? (STY14)	0.1	(0.06)	4	1,687	0.0	(0.03)	2	1,314
How old were you when you first used Focalin XR in a way a doctor did not direct you to use it? (STY14a)[7]	17.3[a]*	(0.45*)	N/A	4	13.2*	(0.29*)	N/A	2
In the past 12 months, did you use dexmethylphenidate in any way a doctor did not direct you to use it? (STY15)	0.1	(0.06)	3	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used dexmethylphenidate in a way a doctor did not direct you to use it? (STY15a)[7]	17.4*	(0.92*)	N/A	3	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use benzphetamine in any way a doctor did not direct you to use it? (STY16)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used benzphetamine in a way a doctor did not direct you to use it? (STY16a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Didrex in any way a doctor did not direct you to use it? (STY17)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Didrex in a way a doctor did not direct you to use it? (STY17a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use diethylpropion in any way a doctor did not direct you to use it? (STY18)	0.0	(0.03)	1	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used diethylpropion in a way a doctor did not direct you to use it? (STY18a)[7]	12.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use phendimetrazine in any way a doctor did not direct you to use it? (STY19)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used phendimetrazine in a way a doctor did not direct you to use it? (STY19a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use phentermine in any way a doctor did not direct you to use it? (STY20)	0.0	(0.03)	2	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used phentermine in a way a doctor did not direct you to use it? (STY20a)[7]	21.4*	(1.06*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Provigil in any way a doctor did not direct you to use it? (STY21)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Provigil in a way a doctor did not direct you to use it? (STY21a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Tenuate in any way a doctor did not direct you to use it? (STY22)	0.0*	(0.00*)	0	1,687	0.0*	(0.00*)	0	1,314
How old were you when you first used Tenuate in a way a doctor did not direct you to use it? (STY22a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Vyvanse in any way a doctor did not direct you to use it? (STY23)	0.3	(0.10)	9	1,687	0.2	(0.12)	4	1,314
How old were you when you first used Vyvanse in a way a doctor did not direct you to use it? (STY23a)[7]	17.9[a]*	(0.64*)	N/A	8	22.3*	(1.39*)	N/A	4
In the past 12 months, did you use any other prescription stimulant in a way a doctor did not direct you to use it? (STY24)	0.1	(0.09)	2	1,687	0.0	(0.02)	1	1,316

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used any other prescription stimulant in a way a doctor did not direct you to use it? (STY24a)[7]	20.8[a*]	(1.17[*])	N/A	2	29.0[*]	(0.00[*])	N/A	1
In the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it? (STM01)	0.5	(0.14)	15	1,687	0.3	(0.12)	7	1,313
During the past 30 days, on how many days did you use [STNAMEFILL] in any way a doctor did not direct you to use it? (STM02)[7]	10.4	(3.66)	N/A	15	5.1[*]	(0.94[*])	N/A	7
During the past 30 days, did you use [STNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (STM03)	0.2	(0.11)	7	1,609	0.2	(0.10)	4	1,249
Which of these statements describe your use of [STNAMEFILL] at any time in the past 12 months? (STY25)[5]								
I used [STNAMEFILL] without a prescription of my own.	81.4[*]	(5.84[*])	42	53	84.6[*]	(7.71[*])	30	36
I used [STNAMEFILL] in greater amounts than it was/they were prescribed.	23.1[a*]	(6.89[*])	9	53	2.7[*]	(2.02[*])	2	36
I used [STNAMEFILL] more often than it was/they were prescribed.	12.5[*]	(5.42[*])	5	53	3.5[*]	(2.20[*])	3	36
I used [STNAMEFILL] for longer than it was/they were prescribed.	10.0[*]	(5.60[*])	3	53	1.1[*]	(1.11[*])	1	36
I used [STNAMEFILL] in some other way a doctor did not direct me to use it/them.	13.6[*]	(4.58[*])	9	53	17.0[*]	(7.79[*])	7	36
At any time in the past 12 months, did you ever use a needle to inject [STNAMEFILL]? (STY25a)	0.0[*]	(0.00[*])	0	53	0.0[*]	(0.00[*])	0	36
How long has it been since you last used a needle to inject [STNAMEFILL]? (STY25b)[5]								
Within the past 30 days	0.0[*]	(0.00[*])	0	0	0.0[*]	(0.00[*])	0	0
More than 30 days ago but within the past 12 months	0.0[*]	(0.00[*])	0	0	0.0[*]	(0.00[*])	0	0
More than 12 months ago	0.0[*]	(0.00[*])	0	0	0.0[*]	(0.00[*])	0	0
What were the reasons you used [STLASTFILL2] that time? (STYMOTIV)[5]								
To help me lose weight	8.4[*]	(3.84[*])	6	52	14.3[*]	(7.37[*])	5	36
To help me concentrate	46.6[*]	(9.03[*])	24	52	49.5[*]	(10.45[*])	14	36
To help me be alert or stay awake	53.3[*]	(6.22[*])	26	52	47.5[*]	(7.08[*])	15	36
To help me study	38.4[*]	(9.54[*])	21	52	30.8[*]	(11.84[*])	9	36
To experiment or to see what it's like	12.5[*]	(4.31[*])	9	52	13.5[*]	(7.18[*])	4	36

See notes at end of table. (continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
To feel good or get high	19.3*	(6.36*)	10	52	9.6*	(5.13*)	6	36
To increase or decrease the effect(s) of some other drug	0.0*	(0.00*)	0	52	0.0*	(0.00*)	0	36
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	52	0.0*	(0.00*)	0	36
I used it/them for some other reason	5.3*	(3.16*)	3	52	3.9*	(2.93*)	2	36
Which was the main reason you used [STLASTFILL2] that time? (STYMOT1)[5]								
To help me lose weight	6.9*	(5.00*)	2	22	0.0*	(0.00*)	0	14
To help me concentrate	23.1*	(11.72*)	4	22	43.1*	(12.09*)	6	14
To help me be alert or stay awake	15.3*	(8.97*)	4	22	24.4*	(16.17*)	4	14
To help me study	46.8*	(15.03*)	10	22	20.8*	(11.24*)	2	14
To experiment or to see what it's like	0.0*	(0.00*)	0	22	8.2*	(8.15*)	1	14
To feel good or get high	7.8*	(6.03*)	2	22	0.0*	(0.00*)	0	14
To increase or decrease the effect(s) of some other drug	0.0*	(0.00*)	0	22	0.0*	(0.00*)	0	14
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	22	0.0*	(0.00*)	0	14
I used it/them for some other reason	0.0*	(0.00*)	0	22	3.5*	(3.64*)	1	14
How did you get the [STLASTFILL]? (STY26b)[5]								
I got a prescription for the [STLASTFILL] from just one doctor	8.8*	(3.99*)	5	52	2.4*	(1.84*)	2	36
I got prescriptions for the [STLASTFILL] from more than one doctor	3.4*	(3.31*)	1	52	7.3*	(6.43*)	1	36
I stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	52	0.0*	(0.00*)	0	36
I got the [STLASTFILL] from a friend or relative for free	59.3*	(7.45*)	30	52	54.1*	(11.42*)	22	36
I bought the [STLASTFILL] from a friend or relative	14.8*	(4.99*)	10	52	28.8*	(8.93*)	8	36
I took the [STLASTFILL] from a friend or relative without asking	3.1*	(2.12*)	2	52	3.6*	(3.63*)	1	36
I bought the [STLASTFILL] from a drug dealer or other stranger	6.2*	(4.09*)	3	52	3.8*	(3.00*)	2	36
I got the [STLASTFILL] in some other way	4.4*	(4.22*)	1	52	0.0*	(0.00*)	0	36
How did your friend or relative get the [STLASTFILL]? (STY26c)[5]								
He or she got a prescription for the [STLASTFILL] from just one doctor	81.1*	(7.49*)	20	26	85.9*	(8.70*)	17	21
He or she got prescriptions for the [STLASTFILL] from more than one doctor	0.0*	(0.00*)	0	26	0.0*	(0.00*)	0	21

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
He or she stole the [STLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	26	0.0*	(0.00*)	0	21
He or she got the [STLASTFILL] from another friend or relative for free	0.0*	(0.00*)	0	26	7.1*	(7.18*)	1	21
He or she bought the [STLASTFILL] from another friend or relative	6.3*	(3.60*)	3	26	1.9*	(1.90*)	1	21
He or she took the [STLASTFILL] from another friend or relative without asking	2.9*	(2.87*)	1	26	0.0*	(0.00*)	0	21
He or she bought the [STLASTFILL] from a drug dealer or other stranger	4.7*	(4.67*)	1	26	1.0*	(1.00*)	1	21
He or she got the [STLASTFILL] in some other Way	5.0*	(4.79*)	1	26	4.2*	(4.14*)	1	21
Have you ever, even once, used any prescription sedative in any way a doctor did not direct you to use it? (SVL01 and SVL02)	3.7	(0.62)	49	1,683	3.2	(0.75)	44	1,309
In the past 12 months, did you use Ambien in any way a doctor did not direct you to use it? (SVY01)	0.4	(0.17)	9	1,688	0.7	(0.30)	7	1,314
How old were you when you first used Ambien in a way a doctor did not direct you to use it? (SVY01a)[7]	25.2[a]*	(2.58*)	N/A	9	49.5*	(4.45*)	N/A	7
In the past 12 months, did you use Ambien CR in a way a doctor did not direct you to use it? (SVY02)	0.0	(0.02)	2	1,688	0.0	(0.03)	1	1,314
How old were you when you first used Ambien CR in a way a doctor did not direct you to use it? (SVY02a)[7]	18.9[a]*	(2.12*)	N/A	2	35.0*	(0.00*)	N/A	1
In the past 12 months, did you use zolpidem in any way a doctor did not direct you to use it? (SVY03)	0.4[a]	(0.20)	5	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used zolpidem in a way a doctor did not direct you to use it? (SVY03a)[7]	45.4*	(7.55*)	N/A	5	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use extended-release zolpidem in any way a doctor did not direct you to use it? (SVY04)	0.0*	(0.00*)	0	1,688	0.0	(0.03)	1	1,314
How old were you when you first used extended-release zolpidem in a way a doctor did not direct you to use it? (SVY04a)[7]	0.0*	(0.00*)	N/A	0	11.0*	(0.00*)	N/A	1
In the past 12 months, did you use Lunesta in any way a doctor did not direct you to use it? (SVY05)	0.1	(0.11)	2	1,688	0.0*	(0.00*)	0	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used Lunesta in a way a doctor did not direct you to use it? (SVY05a)[7]	57.0*	(12.65*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Sonata in any way a doctor did not direct you to use it? (SVY06)	0.1	(0.07)	1	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Sonata in a way a doctor did not direct you to use it? (SVY06a)[7]	16.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use zaleplon in any way a doctor did not direct you to use it? (SVY07)	0.0*	(0.00*)	0	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used zaleplon in a way a doctor did not direct you to use it? (SVY07a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Dalmane in any way a doctor did Not direct you to use it? (SVY08)	0.0*	(0.00*)	0	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Dalmane in a way a doctor did not direct you to use it? (SVY08a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Halcion in any way a doctor did not direct you to use it? (SVY09)	0.0*	(0.00*)	0	1,688	0.1	(0.12)	1	1,314
How old were you when you first used Halcion in a way a doctor did not direct you to use it? (SVY09a)[7]	0.0*	(0.00*)	N/A	0	45.0*	(0.00*)	N/A	1
In the past 12 months, did you use triazolam in any way a doctor did not direct you to use it? (SVY11)	0.0*	(0.00*)	0	1,688	0.1	(0.06)	1	1,314
How old were you when you first used triazolam in a way a doctor did not direct you to use it? (SVY10a)[7]	0.0*	(0.00*)	N/A	0	24.0*	(0.00*)	N/A	1
In the past 12 months, did you use Restoril in any way a doctor did not direct you to use it? (SVY12)	0.1	(0.07)	2	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Restoril in a way a doctor did not direct you to use it? (SVY12a)[7]	16.2*	(0.22*)	N/A	2	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use temazepam in any way a doctor did not direct you to use it? (SVY13)	0.0*	(0.00*)	0	1,688	0.0	(0.02)	1	1,314
How old were you when you first used temazepam in a way a doctor did not direct you to use it? (SVY13a)[7]	0.0*	(0.00*)	N/A	0	66.0*	(0.00*)	N/A	1
In the past 12 months, did you use Butisol in any way a doctor did not direct you to use it? (SVY14)	0.0	(0.03)	1	1,688	0.0*	(0.00*)	0	1,314

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when you first used Butisol in a way a doctor did not direct you to use it? (SVY14a)[7]	17.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use Seconal in any way a doctor did Not direct you to use it? (SVY15)	0.0*	(0.00*)	0	1,688	0.0*	(0.00*)	0	1,314
How old were you when you first used Seconal in a way a doctor did not direct you to use it? (SVY15a)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
In the past 12 months, did you use phenobarbital in any way a doctor did not direct you to use it? (SVY16)	0.0	(0.02)	1	1,688	0.0	(0.04)	1	1,314
How old were you when you first used phenobarbital in a way a doctor did not direct you to use it? (SVY16a)[7]	20.0*	(0.00*)	N/A	1	16.0*	(0.00*)	N/A	1
In the past 12 months, did you use other prescription sedative in any way a doctor did not direct you to use it? (SVY17)	0.0	(0.02)	1	1,688	0.0*	(0.00*)	0	1,313
How old were you when you first used any other prescription sedative in a way a doctor did not direct you to use it? (SVY17a)[7]	16.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
In the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM01)	0.3	(0.17)	5	1,688	0.2	(0.11)	2	1,313
During the past 30 days, on how Many days did you use [SVNAMEFILL] in any way a doctor did not direct you to use it? (SVM02)[7]	11.2*	(5.80*)	N/A	5	17.4*	(9.81*)	N/A	2
During the past 30 days, did you use [SVNAMEFILL] in any way a doctor did not direct you to use it while you were drinking alcohol or within a couple of hours of drinking? (SVM03)	0.2	(0.11)	3	1,639	0.1	(0.07)	1	1,266
Which of these statements describe your use of [SVNAMEFILL] at any time in the past 12 months? (SVY18)[5]								
I used [SVNAMEFILL] without a prescription of my own.	54.8*	(14.38*)	12	17	59.2*	(20.40*)	8	11
I used [SVNAMEFILL] in greater amounts than it was/they were prescribed.	23.2*	(12.30*)	4	17	28.1*	(21.55*)	1	11
I used [SVNAMEFILL] more often than it was/they were prescribed	16.8*	(11.93*)	2	17	0.0*	(0.00*)	0	11
I used [SVNAMEFILL] for longer than it was/they were prescribed.	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I used [SVNAMEFILL] in some other way a doctor did not direct me to use it/them.	0.8	(0.24)	17	1,688	0.8	(0.31)	11	1,313

See notes at end of table. (continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
What were the reasons you used [SVLASTFILL2] that time? (SVYMOTIV)[5]								
To relax or relieve tension	29.7*	(13.41*)	5	16	18.6*	(13.60*)	2	11
To experiment or to see what it's/ they're like	5.7*	(4.18*)	2	16	3.7*	(3.88*)	1	11
To feel good or get high	7.1*	(4.23*)	3	16	0.0*	(0.00*)	0	11
To help with my sleep	76.8*	(10.34*)	10	16	75.2*	(14.48*)	7	11
To help me with my feelings or emotions	2.0*	(1.92*)	1	16	0.0*	(0.00*)	0	11
To increase or decrease the effect(s) of some other drug	3.9*	(2.70*)	2	16	0.0*	(0.00*)	0	11
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	16	0.0*	(0.00*)	0	11
The other reason I reported	0.0*	(0.00*)	0	16	2.5*	(2.65*)	1	11
Which was the main reason you used [SVLASTFILL] that time? (SVYMOT1)[5]								
To relax or relieve tension	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
To experiment or to see what it's/ they're like	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
To feel good or get high	23.8*	(22.23*)	2	3	0.0*	(0.00*)	0	0
To help with my sleep	76.2*	(22.23*)	1	3	0.0*	(0.00*)	0	0
To help me with my feelings or emotions	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
To increase or decrease the effect(s) of some other drug	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
Because I am "hooked" or I have to have it/them	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
The other reason I reported	0.0*	(0.00*)	0	3	0.0*	(0.00*)	0	0
How did you get the [SVLASTFILL]? (SVY19B)[5]								
I got a prescription for the [SVLASTFILL] from just one doctor	45.2*	(14.38*)	5	17	40.8*	(20.40*)	3	11
I got prescriptions for the [SVLASTFILL] from more than one doctor	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I got the [SVLASTFILL] from a friend or relative for free	38.8*	(13.62*)	8	17	45.9*	(18.97*)	6	11
I bought the [SVLASTFILL] from a friend or relative	5.5*	(4.03*)	2	17	4.9*	(5.01*)	1	11
I took the [SVLASTFILL] from a friend or relative without asking	0.0*	(0.00*)	0	17	0.0*	(0.00*)	0	11
I bought the [SVLASTFILL] from a drug dealer or other stranger	8.5*	(8.13*)	1	17	0.0*	(0.00*)	0	11
I got the [SVLASTFILL] in some other way	1.9*	(1.88*)	1	17	8.4*	(8.33*)	1	11

See notes at end of table. (continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How did your friend or relative get the [SVLASTFILL]? (SVY19C)[5]								
He or she got a prescription for the [SVLASTFILL] from just one doctor	79.6*	(13.03*)	4	7	91.9*	(8.46*)	5	6
He or she got prescriptions for the [SVLASTFILL] from more than one doctor	5.0*	(5.18*)	1	7	8.1*	(8.46*)	1	6
He or she stole the [SVLASTFILL] from a doctor's office, clinic, hospital, or pharmacy	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she got the [SVLASTFILL] from another friend or relative for free	15.4*	(11.58*)	2	7	0.0*	(0.00*)	0	6
He or she bought the [SVLASTFILL] from another friend or relative	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she took the [SVLASTFILL] from another friend or relative without asking	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she bought the [SVLASTFILL] from a drug dealer or other stranger	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
He or she got the [SVLASTFILL] in some other way	0.0*	(0.00*)	0	7	0.0*	(0.00*)	0	6
Have you ever, even once, used a needle to inject any drug that was not prescribed for you? (SD15)	0.9	(0.29)	16	1,692	0.9	(0.50)	9	1,318
Was any of your marijuana use in the past 12 months recommended by a doctor? (MJMM)	0.5	(0.17)	12	1,692	0.0*	(0.00*)	0	0
Was all of your marijuana use in the past 12 months recommended by a doctor? (MJMM01)[5]	40.3*	(16.91*)	4	12	0.0*	(0.00*)	0	0
During the past 12 months, was there a month or more when you spent a lot of your time getting or using methamphetamine? (DRME01)	0.2	(0.08)	5	1,691	0.4	(0.24)	6	1,319
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the methamphetamine you used? (DRME02)	0.0*	(0.00*)	0	1,691	0.0*	(0.00*)	0	1,319
During the past 12 months, did you try to set limits on how often or how much methamphetamine you would use? (DRME04)	0.1	(0.04)	4	1,691	0.5	(0.21)	6	1,319
Were you able to keep to the limits you set, or did you often use methamphetamine more than you intended to? (DRME05)	0.0	(0.03)	1	1,691	0.4	(0.20)	4	1,319

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, did you need to use more methamphetamine than you used in order to get the effect you wanted? (DRME06)	0.2	(0.13)	4	1,691	0.5	(0.22)	6	1,319
During the past 12 months, did you notice that using the same amount of methamphetamine had less effect on you than it used to? (DRME07)	0.1	(0.06)	1	1,691	0.0*	(0.00*)	0	1,319
During the past 12 months, did you want to or try to cut down or stop using methamphetamine? (DRME08)	0.2	(0.13)	5	1,691	0.4	(0.19)	7	1,319
During the past 12 months, were you able to cut down or stop using methamphetamine every time you wanted to or tried to? (DRME09)	0.2	(0.13)	4	1,691	0.4	(0.19)	6	1,319
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10)	0.1	(0.06)	2	1,691	0.1	(0.13)	2	1,319
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using methamphetamine? (DRME10a)	0.2	(0.13)	5	1,691	0.2	(0.15)	2	1,319
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using methamphetamine? (DRME11)	0.2	(0.13)	5	1,691	0.1	(0.10)	1	1,319
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using methamphetamine? (DRME12)	0.2	(0.13)	5	1,691	0.1	(0.10)	1	1,319
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of methamphetamine? (DRME13)	0.2	(0.13)	4	1,691	0.1	(0.10)	3	1,319
Did you continue to use methamphetamine even though you thought it was causing you to have problems with your emotions, nerves, or mental health? (DRME14)	0.1	(0.03)	3	1,691	0.1	(0.10)	3	1,319

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of methamphetamine? (DRME15)	0.0*	(0.00*)	0	1,691	0.0*	(0.00*)	0	1,319
Did you continue to use methamphetamine even though this was causing you to have physical problems? (DRME16)	0.0*	(0.00*)	0	1,691	0.0*	(0.00*)	0	1,319
During the past 12 months, did using methamphetamine cause you to give up or spend less time doing these types of important activities? (DRME17)	0.0	(0.02)	2	1,691	0.1	(0.10)	4	1,319
During the past 12 months, did using methamphetamine cause you to have serious problems either at home, work, or school? (DRME18)	0.0	(0.02)	2	1,691	0.1	(0.10)	3	1,319
During the past 12 months, did you regularly use methamphetamine and then do something where using methamphetamine might have put you in physical danger? (DRME19)	0.1	(0.03)	3	1,691	0.1	(0.10)	2	1,319
During the past 12 months, did using methamphetamine cause you to do things that repeatedly got you in trouble with the law? (DRME20)	0.0	(0.02)	1	1,691	0.1	(0.10)	2	1,319
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of methamphetamine? (DRME21)	0.1	(0.06)	4	1,691	0.1	(0.10)	3	1,319
Did you continue to use methamphetamine even though you thought it caused problems with family or friends? (DRME22)	0.0	(0.02)	2	1,691	0.1	(0.10)	3	1,319
During the past 12 months, was there a month or more when you spent a lot of your time getting or using prescription stimulants? (DRST01)	0.2	(0.07)	6	1,684	0.3	(0.15)	4	1,311
During the past 12 months, was there a month or more when you spent a lot of your time getting over the effects of the prescription stimulants you used? (DRST02)	0.0*	(0.00*)	0	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did you try to set limits on how often or how much prescription stimulants you would use? (DRST04)	0.5	(0.17)	16	1,684	0.3	(0.15)	6	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Were you able to keep to the limits you set, or did you often use prescription stimulants more than you intended to? (DRST05)	0.4	(0.16)	13	1,684	0.2	(0.14)	5	1,311
During the past 12 months, did you need to use more prescription stimulants than you used to in order to get the effect you wanted? (DRST06)	0.4	(0.13)	11	1,684	0.2	(0.10)	3	1,311
During the past 12 months, did you notice that using the same amount of prescription stimulants had less effect on you than it used to? (DRST07)	0.1	(0.08)	3	1,684	0.1	(0.11)	1	1,311
During the past 12 months, did you want to or try to cut down or stop using prescription stimulants? (DRST08)	0.6	(0.18)	16	1,684	0.5	(0.19)	8	1,311
During the past 12 months, were you able to cut down or stop Using prescription stimulants every time you wanted to or tried to? (DRST09)	0.5	(0.17)	13	1,684	0.5	(0.19)	8	1,311
During the past 12 months, did you cut down or stop using prescription stimulants at least one time? (DRST10)	0.3	(0.11)	10	1,684	0.3	(0.18)	6	1,311
During the past 12 months, have you felt kind of blue or down when you cut down or stopped using prescription stimulants? (DRST10a)	0.3	(0.12)	8	1,684	0.1	(0.09)	3	1,311
During the past 12 months, did you have 2 or more of these symptoms after you cut back or stopped using prescription stimulants? (DRST11)	0.3	(0.12)	7	1,684	0.1	(0.06)	2	1,311
During the past 12 months, did you have 2 or more of these symptoms at the same time that lasted for longer than a day after you cut back or stopped using prescription stimulants? (DRST12)	0.2	(0.08)	6	1,684	0.1	(0.06)	2	1,311
During the past 12 months, did you have any problems with your emotions, nerves, or mental health that were probably caused or made worse by your use of prescription stimulants? (DRST13)	0.2	(0.10)	5	1,684	0.1	(0.06)	3	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Did you continue to use prescription stimulants even though you thought this was causing you to have problems with your emotions, nerves, or mental health? (DRST14)	0.1	(0.09)	2	1,684	0.0	(0.02)	1	1,311
During the past 12 months, did you have any physical health problems that were probably caused or made worse by your use of prescription stimulants? (DRST15)	0.0	(0.04)	1	1,684	0.1	(0.08)	1	1,311
Did you continue to use prescription stimulants even though this was causing you to have physical problems? (DRST16)	0.0	(0.04)	1	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did using prescription stimulants cause you to give up or spend less time doing these types of important activities? (DRST17)	0.0*	(0.00*)	0	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did using prescription stimulants cause you to have serious problems either at home, work, or school? (DRST18)	0.0	(0.02)	1	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did you regularly use prescription stimulants and then do something where using prescription stimulants might have put you in physical danger? (DRST19)	0.0*	(0.00*)	0	1,684	0.1	(0.11)	1	1,311
During the past 12 months, did using prescription stimulants cause you to do things that repeatedly got you in trouble with the law? (DRST20)	0.0*	(0.00*)	0	1,684	0.0*	(0.00*)	0	1,311
During the past 12 months, did you have any problems with family or friends that were probably caused by your use of prescription stimulants? (DRST21)	0.0*	(0.00*)	0	1,684	0.1	(0.11)	1	1,311
Did you continue to use prescription stimulants even though you thought this caused problems with family or friends? (DRST22)	0.0*	(0.00*)	0	1,684	0.1	(0.11)	1	1,311

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you the last time you used any methamphetamine for kicks or to get high? (LU17)[7]	24.7	(0.87)	N/A	88	27.4	(1.55)	N/A	75
Height in inches (HLTH05-HLTH08)[7,9]	66.7	(0.28)	N/A	1,668	66.6	(0.19)	N/A	1,296
Weight in pounds (HLTH10-14)[7,10]	176.6	(1.51)	N/A	1,661	174.0	(1.83)	N/A	1,290
During the past 12 months, how many times have you visited a doctor, nurse, physician assistant or nurse practitioner about your own health at a doctor's office, a clinic, or some other place? (HLTH19)[7,8]	5.5	(0.69)	N/A	37	6.1	(0.33)	N/A	35
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you smoke cigarettes or use any other tobacco products? (HLTH20a)[5]	72.1	(1.46)	992	1,415	73.2	(1.93)	744	1,063
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you drink alcohol? (HLTH20b)[5]	68.4	(1.61)	928	1,414	67.2	(1.83)	685	1,060
During the past 12 months, did any doctor or other health care professional ask, either in person or on a form, if you use illegal drugs? (HLTH20c)[5]	51.5	(1.75)	760	1,413	51.0	(2.52)	551	1,059
During the past 12 months, did any doctor or other health care professional advise you to quit smoking cigarettes or quit using any other tobacco products? (HLTH21)[5]	52.8	(2.51)	252	520	51.9	(3.82)	153	344
Choose the statement or statements below that describe any discussions you may have had in person with a doctor or other health professional about your alcohol use. (HLTH22)[5]								
The doctor asked how much I drink.	33.9	(2.07)	292	888	31.1	(2.64)	213	658
The doctor asked how often I drink.	32.1[a]	(2.12)	281	888	25.7	(1.91)	199	658
The doctor asked if I have any problems because of my drinking.	5.8	(0.92)	56	888	4.5	(1.06)	32	658
The doctor advised me to cut down on my drinking.	2.4	(0.58)	23	888	1.1	(0.44)	10	658
The doctor offered to give me more information about alcohol use and treatment for problems with alcohol use.	0.9	(0.29)	12	888	0.6	(0.32)	7	658
The doctor didn't discuss my alcohol use with me in the past 12 months.	47.8	(1.89)	477	1,032	49.5	(2.55)	364	806

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, did any doctor or other health care professional talk to you about your use of marijuana, cocaine, crack, heroin, inhalants, hallucinogens, or methamphetamine? (HLTH23)[5]	18.4	(3.30)	43	237	23.4	(4.73)	46	176
During the past 12 months, did you have a sexually transmitted disease such as chlamydia, gonorrhea, herpes or syphilis? (HLTH24)	1.7	(0.33)	37	1,688	1.6	(0.46)	26	1,314
Conditions that a doctor or other health care professional has ever told you that you had (HLTH25)								
Any kind of heart condition or heart disease	11.5	(1.16)	118	1,680	8.7	(1.30)	76	1,307
Diabetes or sugar diabetes	9.2	(1.06)	93	1,680	9.2	(1.19)	61	1,307
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	3.6	(0.64)	47	1,680	4.7	(1.05)	36	1,307
Cirrhosis of the liver	0.1	(0.13)	1	1,680	0.2	(0.19)	1	1,307
Hepatitis	2.0	(0.55)	20	1,680	1.8	(0.59)	14	1,307
Kidney disease, not including bladder infection or Incontinence	1.4	(0.39)	17	1,680	2.6	(0.83)	17	1,307
Asthma	11.4	(0.87)	214	1,680	12.1	(1.37)	161	1,307
HIV or AIDS	0.0*	(0.00*)	0	1,680	0.1	(0.07)	1	1,307
Cancer or a malignancy of any kind	6.4	(0.94)	56	1,680	5.5	(1.04)	40	1,307
Hypertension, also called high blood pressure	18.5	(1.26)	181	1,680	16.8	(1.94)	132	1,307
None of the above – I have never had any of these conditions	56.0	(1.69)	1,126	1,680	60.4	(1.69)	912	1,307
What kind of cancer was it? (HLTH26)[5]								
Bladder	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Blood	1.8*	(1.73*)	1	56	3.7*	(3.62*)	1	38
Bone	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Brain	2.0*	(1.99*)	1	56	0.0*	(0.00*)	0	38
Breast	23.5*	(6.55*)	11	56	9.9*	(5.17*)	4	38
Cervix (Females Only)	21.7*	(7.40*)	9	35	19.6*	(9.76*)	4	22
Colon	5.5*	(2.57*)	5	56	3.0*	(2.20*)	2	38
Esophagus	3.8*	(2.39*)	3	56	3.7*	(3.62*)	1	38
Gallbladder	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Kidney	3.2*	(2.22*)	2	56	0.0*	(0.00*)	0	38
Larynx/Windpipe	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Leukemia	2.2*	(1.79*)	2	56	3.9*	(3.62*)	2	38
Liver	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Lung	3.5*	(2.52*)	2	56	12.6*	(7.25*)	3	38
Lymphoma	9.8*	(5.04*)	4	56	6.6*	(5.27*)	2	38

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Melanoma	11.1*	(5.05*)	6	56	20.4*	(8.26*)	8	38
Mouth/Tongue/Lip	0.0*	(0.00*)	0	56	3.7*	(3.62*)	1	38
Ovary (Females Only)	3.1*	(3.03*)	1	35	8.2*	(6.68*)	2	22
Pancreas	3.8*	(3.70*)	1	56	0.0*	(0.00*)	0	38
Prostate (Males Only)	12.7*	(8.14*)	2	21	15.4*	(9.19*)	4	16
Rectum	0.0*	(0.00*)	0	56	3.7*	(3.62*)	1	38
Skin (Not Melanoma)	18.1*	(5.49*)	8	56	33.0*	(9.12*)	9	38
Skin (Don't Know Which Kind)	4.8*	(4.53*)	1	56	11.5*	(7.69*)	2	38
Soft Tissue (Muscle or Fat)	0.0*	(0.00*)	0	56	1.2*	(1.02*)	2	38
Stomach	0.0*	(0.00*)	0	56	3.7*	(3.62*)	1	38
Testis (Males Only)	0.0*	(0.00*)	0	21	0.0*	(0.00*)	0	16
Throat/Pharynx	0.0*	(0.00*)	0	56	0.0*	(0.00*)	0	38
Thyroid	2.8*	(2.14*)	3	56	4.2*	(3.02*)	2	38
Uterus (Females Only)	5.7*	(5.53*)	1	35	21.8*	(11.07*)	5	22
Other	3.6*	(2.51*)	2	56	5.5*	(5.31*)	1	38
How old were you when your bladder cancer was first diagnosed? (HLTH27)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your blood cancer was first diagnosed? (HLTH28a)[7]	0.0*	(0.00*)	N/A	0	13.0*	(0.00*)	N/A	1
How old were you when your bone cancer was first diagnosed? (HLTH28b)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your brain cancer was first diagnosed? (HLTH28c)[7]	50.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
How old were you when your breast cancer was first diagnosed? (HLTH28d)[7]	51.2	(3.53)	N/A	11	46.2*	(3.63*)	N/A	4
How old were you when your cervical cancer was first diagnosed? (HLTH28e)[7]	35.1*	(4.02*)	N/A	9	29.9*	(2.20*)	N/A	4
How old were you when your colon cancer was first diagnosed? (HLTH28f)[7]	51.1*	(5.49*)	N/A	5	45.4*	(8.35*)	N/A	2
How old were you when your esophageal cancer was first diagnosed? (HLTH28g)[7]	63.4*	(9.11*)	N/A	3	62.0*	(0.00*)	N/A	1
How old were you when your gallbladder cancer was first diagnosed? (HLTH28h)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your kidney cancer was first diagnosed? (HLTH28i)[7]	44.8*	(6.58*)	N/A	2	0.0*	(0.00*)	N/A	0
How old were you when your larynx/windpipe cancer was first diagnosed? (HLTH28j)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your leukemia was first diagnosed? (HLTH28k)[7]	28.6[a]*	(7.09*)	N/A	2	13.2*	(0.28*)	N/A	2

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
How old were you when your liver cancer was first diagnosed? (HLTH28l)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your lung cancer was first diagnosed? (HLTH28m)[7]	58.7*	(10.48*)	N/A	2	63.2*	(2.61*)	N/A	3
How old were you when your lymphoma was first diagnosed? (HLTH28n)[7]	56.0[a]*	(5.42*)	N/A	4	78.6*	(3.82*)	N/A	2
How old were you when your melanoma was first diagnosed? (HLTH28o)[7]	38.0*	(4.13*)	N/A	6	39.7*	(7.51*)	N/A	8
How old were you when your mouth/tongue/lip cancer was first diagnosed? (HLTH28p)[7]	0.0*	(0.00*)	N/A	0	67.0*	(0.00*)	N/A	1
How old were you when your ovarian cancer was first diagnosed? (HLTH28q)[7]	59.0[a]*	(0.00*)	N/A	1	36.5*	(9.88*)	N/A	2
How old were you when your pancreatic cancer was first diagnosed? (HLTH28r)[7]	64.0*	(0.00*)	N/A	1	0.0*	(0.00*)	N/A	0
How old were you when your prostate cancer was first diagnosed? (HLTH28s)[7]	64.5*	(0.35*)	N/A	2	70.3*	(3.15*)	N/A	4
How old were you when your rectum cancer was first diagnosed? (HLTH28t)[7]	0.0*	(0.00*)	N/A	0	62.0*	(0.00*)	N/A	1
How old were you when your skin [not melanoma] cancer was first diagnosed? (HLTH28u)[7]	46.0[a]*	(0.00*)	N/A	1	73.7*	(7.38*)	N/A	2
How old were you when your skin cancer was first diagnosed? (HLTH28v)[7]	54.5*	(2.99*)	N/A	8	47.0*	(4.83*)	N/A	9
How old were you when your soft tissue cancer was first diagnosed? (HLTH28w)[7]	0.0*	(0.00*)	N/A	0	13.6*	(0.76*)	N/A	2
How old were you when your stomach cancer was first diagnosed? (HLTH28x)[7]	0.0*	(0.00*)	N/A	0	32.0*	(0.00*)	N/A	1
How old were you when your testis cancer was first diagnosed? (HLTH28y)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your throat/pharynx cancer was first diagnosed? (HLTH28z)[7]	0.0*	(0.00*)	N/A	0	0.0*	(0.00*)	N/A	0
How old were you when your thyroid cancer was first diagnosed? (HLTH28aa)[7]	35.6*	(2.48*)	N/A	3	43.4*	(7.19*)	N/A	2
How old were you when your uterine cancer was first diagnosed? (HLTH28bb)[7]	40.0*	(0.00*)	N/A	1	57.7*	(13.64*)	N/A	5
How old were you when the type of cancer listed below was first diagnosed? (HLTH28cc)[7]	47.7[a]*	(10.47*)	N/A	2	79.0*	(0.00*)	N/A	1
Did you have cancer during the past 12 months? (HLTH29)[5]	30.6*	(8.17*)	14	50	32.0*	(10.04*)	10	40
How old were you when your heart condition or heart disease was first diagnosed? (HLTH30)[7,8]	44.1	(1.92)	N/A	116	48.9	(3.71)	N/A	73

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Did you have any kind of heart condition or heart disease in the past 12 months? (HLTH31)[5]	45.3	(5.73)	54	116	58.4*	(7.90*)	44	76
How old were you when your diabetes or sugar diabetes was first diagnosed? (HLTH32)[7,8]	44.1	(1.74)	N/A	91	39.6	(2.50)	N/A	60
How old were you when your chronic bronchitis, emphysema, or chronic obstructive pulmonary disease, also called COPD were first diagnosed? (HLTH33)[7]	36.1[a]	(3.32)	N/A	46	45.7	(3.24)	N/A	35
How old were you when your cirrhosis of the liver was first diagnosed? (HLTH34)[7]	52.0*	(0.00*)	N/A	1	42.0*	(0.00*)	N/A	1
How old were you when your hepatitis was first diagnosed? (HLTH35)[7]	29.1	(4.32)	N/A	19	38.7	(3.43)	N/A	13
How old were you when your kidney disease was first diagnosed? (HLTH36)[7]	41.9	(4.89)	N/A	17	44.4	(6.05)	N/A	16
How old were you when your asthma was first diagnosed? (HLTH37)[7]	19.4	(1.90)	N/A	199	17.1	(2.43)	N/A	148
Do you still have asthma? (HLTH38)[5]	65.4	(4.29)	149	210	56.4	(5.45)	92	159
How old were you when you found out you had HIV/AIDS? (HLTH39)[7]	0.0*	(0.00*)	N/A	0	1.0*	(0.00*)	N/A	1
Are you currently taking prescription medicine for your high blood pressure? (HLTH40)[5]	87.4	(2.37)	142	181	90.2	(2.87)	109	132
How old were you when your high blood pressure was first diagnosed? (HLTH41)[7]	45.2[a]	(1.07)	N/A	137	49.1	(1.46)	N/A	105
How many times in the past 12 months have you moved? (QD13)[7,8]	0.4	(0.03)	N/A	1,674	1.3*	(0.65*)	N/A	1,301
Were you born in the United States? (QD14)	90.4	(1.37)	1,553	1,691	88.9	(2.00)	1,178	1,319
Have you lived in the United States for at least one year? (QD16a)[5]	95.4	(2.06)	131	138	98.3	(0.99)	134	141
For how many years have you lived in the United States? (QD16b)[7]	24.8	(1.74)	N/A	131	22.9	(2.66)	N/A	132
For how many months have you lived in the United States? (QD16c)[7]	7.6*	(2.58*)	N/A	5	3.4*	(2.32*)	N/A	6
Are you now attending or are you currently enrolled in school? (QD17)	17.5	(1.10)	634	1,691	17.1	(1.31)	446	1,316
What grade or year of school are you now attending? (QD18)[5]								
1st Grade	0.4	(0.28)	2	633	0.0*	(0.00*)	0	445
2nd Grade	0.0*	(0.00*)	0	633	0.2	(0.16)	1	445
3rd Grade	0.0*	(0.00*)	0	633	0.0*	(0.00*)	0	445
4th Grade	0.0*	(0.00*)	0	633	0.0*	(0.00*)	0	445
5th Grade	0.0*	(0.00*)	0	633	0.0*	(0.00*)	0	445
6th Grade	1.1	(0.47)	7	633	0.8	(0.40)	4	445

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
7th Grade	7.9	(1.06)	66	633	5.8	(1.12)	39	445
8th Grade	9.0	(1.19)	73	633	8.2	(2.36)	42	445
9th Grade	9.1	(1.31)	69	633	7.8	(1.44)	45	445
10th Grade	8.4[a]	(1.02)	66	633	15.2	(2.30)	69	445
11th Grade	7.9	(1.02)	65	633	5.8	(1.21)	38	445
12th Grade	9.2	(1.14)	65	633	7.7	(1.30)	41	445
College or University/1st Year	12.6[a]	(1.74)	69	633	5.8	(1.26)	29	445
College or University/2nd Year	9.3	(1.57)	47	633	13.7	(2.69)	42	445
College or University/3rd Year	8.3	(1.52)	42	633	9.6	(2.35)	33	445
College or University/4th Year	5.6	(1.45)	26	633	8.1	(2.11)	27	445
College or University/5th Year or Higher	11.2	(2.16)	36	633	11.4	(2.81)	35	445
Are you a full-time student or a part time student? (QD19)[5]								
Full-Time	80.7	(2.39)	550	628	80.9	(2.78)	374	441
Part-Time	19.3	(2.39)	78	628	19.1	(2.78)	67	441
During the past 30 days, how many whole days of school did you miss because you were sick or injured? (QD20)[7,8]	0.7	(0.18)	N/A	465	0.7	(0.13)	N/A	332
During the past 30 days, how many whole days of school did you miss because you skipped or "cut" or just didn't want to be there? (QD21)[7,8]	0.4	(0.08)	N/A	468	0.4	(0.10)	N/A	333
Are you now married, widowed, divorced or separated, or have you never married? (QD07)[5]								
Married	52.0	(2.12)	557	1,482	47.0	(2.35)	426	1,191
Widowed	5.2	(0.89)	39	1,480	7.4	(1.36)	49	1,189
Divorced or Separated	14.3	(1.28)	157	1,480	14.8	(1.51)	129	1,190
Have Never Married	28.8	(1.55)	734	1,485	31.0	(2.17)	590	1,191
How many times have you been married? (QD08)[7]	1.4	(0.03)	N/A	749	1.3	(0.05)	N/A	600
Is anyone in your immediate family currently serving in the United States military? (QD10d)[11]	6.0	(0.73)	116	1,674	8.1	(1.15)	124	1,307
Which member or members of your immediate family are currently in the United States military? (QD10e)[5,11]								
My spouse	6.0*	(2.84*)	8	97	10.0*	(4.12*)	9	120
Unmarried partner	3.3*	(1.93*)	3	97	1.1	(0.73)	2	120
My mother	1.3*	(0.76*)	3	97	2.1	(1.07)	4	120
My father	3.2*	(1.39*)	7	97	5.2	(2.05)	14	120
My son or sons	35.8[a]*	(7.02*)	17	97	16.6*	(4.58*)	16	120
My daughter or daughters	4.1*	(3.05*)	2	97	0.0*	(0.00*)	0	120
My brother or brothers	48.2[a]*	(6.48*)	59	97	23.9*	(5.44*)	31	120
My sister or sisters	0.8*	(0.57*)	2	97	7.1*	(3.52*)	6	120

See notes at end of table. (continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Another member of my immediate family	N/A	(N/A)	N/A	N/A	44.9*	(6.07*)	51	120
Did you work at a job or business at any time last week? (QD26)[5]	58.9	(1.89)	858	1,484	55.4	(2.28)	646	1,186
Even though you did not work at any time last week, did you have a job or business? (QD27)[5]	11.9	(1.76)	84	623	11.7	(1.91)	78	540
How many hours did you work last week at all jobs or businesses? (QD28)[7]	38.6	(0.55)	N/A	854	38.5	(0.78)	N/A	645
Do you usually work 35 hours or more per week at all jobs or businesses? (QD29)[5]	76.6	(1.69)	669	940	75.9	(2.36)	518	724
Which one of these reasons best describes why you did not work last week? (QD30)[5]								
Vacation/Sick/Furlough/Strike/ Other Temporary Absence/Maternity Leave	35.1*	(6.41*)	24	84	31.6*	(7.35*)	23	77
Layoff, Not Looking for Work	4.0*	(2.41*)	4	84	0.0*	(0.00*)	0	77
Layoff, Looking for Work	10.8*	(4.79*)	9	84	6.2*	(2.96*)	6	77
Waiting to Report to New Job	4.1*	(2.02*)	5	84	4.5*	(2.52*)	4	77
Self-Employed, No Business Last Week	15.7*	(5.98*)	9	84	4.8*	(1.64*)	7	77
Going to School/Training	9.5*	(3.52*)	15	84	9.6*	(3.22*)	13	77
Some Other Reason	20.8[a]*	(6.18*)	18	84	43.3*	(8.10*)	24	77
Which one of these reasons best describes why you did not have a job or business last week? (QD31)[5]								
Looking for Work	15.9	(1.94)	130	537	13.6	(2.02)	101	460
On Layoff, Not Looking for Work	1.4	(0.44)	11	537	2.8	(1.28)	6	460
Keeping House/Caring for Children Full Time	11.5	(1.96)	52	537	10.5	(1.74)	51	460
Going to School/Training	9.1	(1.09)	122	537	10.0	(1.62)	90	460
Retired	39.7	(3.07)	100	537	35.6	(4.00)	83	460
Disabled	15.3	(2.11)	55	537	14.9	(2.88)	49	460
Didn't Want A Job	1.9	(0.50)	22	537	2.9	(0.87)	26	460
Some Other Reason	5.1	(1.03)	45	537	9.7	(2.33)	54	460
During the past 30 days, did you make specific efforts to find work? (QD32)[5]	81.9	(4.05)	101	130	86.4*	(4.35*)	82	100
Did you work at a job or business at any time during the past 12 months? (QD33)[5]	18.1	(2.17)	135	540	16.2	(2.42)	104	460
How many different employers have you had in the past 12 months? (QD35 and QD36)[7]	1.4	(0.05)	N/A	1,066	1.4	(0.07)	N/A	820

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, was there ever a time when you did not have at least one job or business? (QD37)[5]	14.7	(1.48)	197	939	N/A	(N/A)	N/A	N/A
In how many weeks during the past 12 months did you not have at least one job or business? (QD38)[7]	14.8	(1.21)	N/A	185	16.7	(2.48)	N/A	137
During the past 30 days, how many whole days of work did you miss because you were sick or injured? (QD40)[7,8]	0.7	(0.13)	N/A	931	0.7	(0.21)	N/A	717
During the past 30 days, how many whole days of work did you miss because you just didn't want to be there? (QD41)[7,8]	0.2	(0.03)	N/A	932	0.2	(0.03)	N/A	719
Thinking about the location where you work, how many people work for your employer out of this office, store, etc.? (QD42)[5]								
Less Than 10 People	30.6	(2.01)	278	929	N/A	(N/A)	N/A	N/A
10 to 24 People	18.0	(1.46)	193	929	N/A	(N/A)	N/A	N/A
25 to 99 People	18.5	(1.44)	186	929	N/A	(N/A)	N/A	N/A
100 to 499 People	18.8	(1.78)	163	929	N/A	(N/A)	N/A	N/A
500 People or More	14.1	(1.78)	109	929	0.0*	(0.00*)	0	0
At your workplace, is there a written policy about employee use of alcohol or drugs? (QD43)[5]	79.7	(1.75)	707	907	75.6	(2.16)	520	703
Does this policy cover only alcohol, only drugs, or both alcohol and drugs? (QD44)[5]								
Only Alcohol	1.0	(0.53)	5	702	0.0	(0.03)	2	517
Only Drugs	2.2[a]	(0.53)	22	702	4.8	(1.14)	25	517
Both Alcohol and Drugs	96.8	(0.75)	675	702	95.2	(1.14)	490	517
At your workplace, have you ever been given any educational information regarding the use of alcohol or drugs? (QD45)[5]								
Yes	32.7	(2.07)	273	934	29.9	(2.41)	192	721
No	49.9	(2.17)	490	934	51.7	(2.41)	392	721
Don't Remember	17.4	(1.45)	171	934	18.4	(1.79)	137	721
Through your workplace, is there access to any type of employee assistance program or other type of counseling program for employees who have alcohol or drug-related problems? (QD46)[5]	54.7	(2.07)	426	870	52.0	(2.77)	318	679

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Does your workplace ever test its employees for alcohol use? (QD47)[5]	30.4	(1.68)	268	905	26.9	(2.24)	187	700
Does your workplace ever test its employees for drug use? (QD48)[5]	47.6	(2.19)	432	914	47.5	(3.01)	310	699
Does your workplace test its employees for drug or alcohol use as part of the hiring process? (QD49)[5]	86.9	(1.95)	365	429	85.4	(2.64)	274	314
Does your workplace test its employees for drug or alcohol use on a random basis? (QD50)[5]	58.1	(3.44)	256	420	61.3	(3.76)	181	308
According to the policy at your workplace, what happens to an employee the first time he or she tests positive for illicit drugs? (QD51)[5]								
Handled On Individual Basis/Policy Does Not Specify What Happens	24.6	(2.77)	99	388	32.7	(4.03)	90	283
Employee is Fired	45.6	(2.93)	191	388	41.2	(4.45)	130	283
Employee Referred for Treatment/Counseling	24.6	(2.46)	82	388	22.8	(3.81)	55	283
Nothing Happens	1.8	(0.97)	4	388	0.6*	(0.56*)	1	283
Something Else Happens	3.3	(1.08)	12	388	2.7	(1.30)	7	283
Would you be more or less likely to want to work for an employer that tests its employees for drug use as part of the hiring process? (QD52)[5]								
More Likely	48.1	(1.98)	430	937	43.6	(3.26)	307	721
Less Likely	7.5	(0.91)	78	937	7.1	(1.39)	62	721
Would Make No Difference	44.3	(1.70)	429	937	49.3	(3.10)	352	721
Would you be more or less likely to want to work for an employer that tests its employees for drug or alcohol use on a random basis? (QD53)[5]								
More Likely	42.9	(1.94)	381	938	37.7	(3.24)	257	720
Less Likely	11.5	(1.30)	117	938	10.7	(1.61)	94	720
Would Make No Difference	45.5	(1.92)	440	938	51.6	(3.23)	369	720
How well do you speak English? (QD55)								
Very well	92.0[a]	(0.94)	1,583	1,691	88.2	(1.36)	1,194	1,315
Well	7.8	(0.96)	101	1,691	9.4	(1.20)	101	1,315
Not well	0.2[a]	(0.07)	6	1,691	2.4	(0.77)	19	1,315
Not at all	0.0	(0.04)	1	1,691	0.0	(0.02)	1	1,315

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Are you deaf or do you have serious difficulty hearing? (QD56)	5.4	(0.64)	68	1,690	4.7	(0.79)	43	1,317
Are you blind or do you have serious difficulty seeing, even when wearing glasses? (QD57)	3.5	(0.65)	57	1,689	3.6	(0.73)	37	1,317
Because of a physical, mental or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (QD58)	6.8	(0.72)	143	1,687	9.0	(1.14)	126	1,312
Do you have serious difficulty walking or climbing stairs? (QD59)	6.8[a]	(0.99)	77	1,690	10.5	(1.52)	75	1,316
Do you have difficulty dressing or bathing? (QD60)	1.7	(0.40)	24	1,691	2.8	(0.66)	25	1,315
Because of a physical, mental or emotional condition, do you have difficulty doing errands alone such as visiting a doctors' office or shopping? (QD61)[5]	4.3	(0.73)	54	1,483	4.8	(0.88)	46	1,188
Covered by Medicare? (QHI01)	19.6	(1.69)	170	1,692	22.0	(2.26)	150	1,320
Covered by Medicaid/[CHIPFILL] (QHI02 and QHI02a)	12.9	(1.25)	310	1,692	13.8	(1.43)	242	1,320
Covered by TRICARE, CHAMPUS CHAMPVA, VA, Military Health Care (QHI03)	5.2	(0.81)	66	1,692	3.8	(0.91)	46	1,320
Covered by Private Health Insurance (QHI06)[12]	63.4	(2.01)	1,009	1,692	60.0	(2.29)	768	1,320
Was [MEMBER] private health insurance obtained through work, such as through an employer, union, or professional association? (QHI07)[5]	88.2	(1.60)	912	994	86.0	(2.21)	670	759
Does [MEMBER] private health insurance include coverage for treatment for alcohol abuse or alcoholism? (QHI08)[5]	73.9	(2.21)	514	714	71.0	(3.32)	380	556
Does [MEMBER] private health insurance include coverage for treatment for drug abuse? (QHI09)[5]	72.6	(2.29)	503	709	68.4	(3.48)	367	547
Does [MEMBER] private health insurance include coverage for treatment for mental or emotional problems? (QHI10)[5]	84.8	(1.78)	693	816	83.9	(2.18)	509	629
[MEMBER] currently covered by any kind of health insurance, including Indian Health Insurance? (QHI11)[5]	24.6	(3.18)	74	306	22.2	(4.08)	61	258
Any Health Insurance Coverage (Recode)	87.1	(1.06)	1,451	1,692	86.4	(1.62)	1,119	1,320

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
During the past 12 months, was there any time when [MEMBER] did not have any kind of health insurance or coverage? (QHI13)[5]	7.0	(0.81)	123	1,430	6.1	(0.99)	88	1,105
During the past 12 months, about How many months without any kind of health insurance or coverage? (QHI14)[7]	4.3	(0.44)	N/A	122	3.8	(0.45)	N/A	86
About how long has it been since [MEMBER] last had any kind of health care coverage? (QHI15)[5]								
Within the Past 6 Months	17.2	(2.88)	44	231	18.3	(3.50)	38	197
More Than 6 Months Ago but Within the Past Year	8.4	(1.90)	24	231	7.5	(2.10)	18	197
More Than 1 Year Ago but Within the Past 3 Years	22.6	(3.42)	51	231	27.4	(4.89)	49	197
More Than 3 Years Ago	37.5	(3.75)	76	231	26.4	(4.58)	51	197
Never Had Coverage	14.4	(2.71)	36	231	20.4	(3.60)	41	197
Which of these reasons is the main reason why [MEMBER] stopped being covered by health insurance? (QHI17)[5]								
Person in Family with Health Insurance Lost Job/Changed Employer	29.3	(4.62)	44	193	23.0	(5.04)	33	155
Lost Medicaid Coverage Because of New Job/Increase in Income	6.1	(1.57)	15	193	8.6*	(3.46*)	12	155
Lost Medicaid Coverage For Some Other Reason	4.7	(1.56)	14	193	6.7	(2.26)	11	155
Cost Is Too High/Can't Afford Premiums	27.6	(4.05)	46	193	19.6	(4.48)	36	155
Became Ineligible Because of Age/Leaving School	10.0	(2.32)	24	193	10.1	(2.46)	21	155
Employer Does Not Offer Coverage or Not Eligible For Coverage	4.0	(1.26)	8	193	7.2	(3.02)	9	155
Divorced/Separated From Person With Insurance	1.4	(0.81)	4	193	1.8	(1.02)	3	155
Death of Spouse/Parent	0.0*	(0.00*)	0	193	0.0*	(0.00*)	0	155
Insurance Company Refused Coverage	1.3*	(1.08*)	2	193	3.4*	(2.94*)	2	155
Don't Need It	2.3	(1.25)	4	193	0.7	(0.50)	2	155
Received Medicaid/Insurance Only While Pregnant	2.7	(1.11)	7	193	3.8	(1.72)	5	155
Some Other Reason	10.8	(2.72)	25	193	15.1	(4.12)	21	155

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
Which of these reasons describe why [SAMPLE MEMBER] never had health insurance coverage? (QHI18)[5]								
Cost Too High/ Can't Afford Premiums	47.9*	(8.67*)	15	35	62.0*	(8.68*)	22	41
Employer Does Not Offer Coverage or Not Eligible For Coverage	6.8*	(4.06*)	3	35	22.7*	(8.43*)	8	41
Insurance Company Refused Coverage	0.0*	(0.00*)	0	35	0.0*	(0.00*)	0	41
Don't Need It	14.4*	(6.63*)	6	35	16.8*	(6.76*)	10	41
Some Other Reason	30.9*	(11.88*)	11	35	17.9*	(7.92*)	8	41
In [YEAR], did you receive Social Security or Railroad Retirement payments? (QI01N)	27.6	(1.87)	307	1,692	25.6	(2.40)	233	1,320
In [YEAR], did you receive Supplemental Security Income or SSI? (QI03N)[13]	8.9	(1.02)	149	1,692	8.5	(1.16)	112	1,320
In [YEAR], did you receive income from wages or pay earned while working at a job or business? (QI05N)	68.7	(1.92)	1,184	1,692	N/A	(N/A)	N/A	N/A
In [YEAR], did you receive food stamps? (QI07N)[13]	17.1	(1.63)	369	1,692	18.1	(1.67)	265	1,320
At any time during [YEAR], did you receive any cash assistance from a state or county welfare program such as [TANFFILL]? (QI08N)	3.7	(0.62)	76	1,692	2.7	(0.57)	62	1,320
In [YEAR], because of low income, did you receive any other kind of non-monetary welfare or public assistance? (QI10N)	3.5	(0.58)	84	1,692	2.6	(0.60)	54	1,320
For how many months in [YEAR] did you or your [RELATIONSHIP] receive any type of welfare or public assistance, not including food stamps? (QI12AN and QI12BN)[7]	6.0[a]	(0.56)	N/A	136	9.3	(0.47)	N/A	93
Before taxes and other deductions, was your total personal income from all sources during [YEAR] more or less than 20,000 dollars? (QI20N)								
$20,000 or More	56.7	(1.71)	663	1,640	51.4	(2.51)	518	1,276
Less Than $20,000	43.2	(1.70)	973	1,640	48.3	(2.49)	754	1,276
Of these income groups, which category best represents [MEMBER] total personal income during [YEAR]? (QI21A and QI21B)								
Less Than $1,000	13.9	(0.86)	437	1,580	12.7	(1.25)	314	1,223

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
$1,000-$1,999	2.8	(0.42)	70	1,580	3.0	(0.66)	52	1,223
$2,000-$2,999	1.2	(0.25)	37	1,580	1.8	(0.45)	26	1,223
$3,000-$3,999	1.5	(0.31)	29	1,580	0.9	(0.26)	15	1,223
$4,000-$4,999	1.2	(0.31)	26	1,580	1.2	(0.29)	21	1,223
$5,000-$5,999	1.0	(0.26)	23	1,580	0.8	(0.30)	13	1,223
$6,000-$6,999	0.9	(0.29)	14	1,580	0.5	(0.18)	9	1,223
$7,000-$7,999	0.5	(0.21)	8	1,580	1.9	(0.75)	18	1,223
$8,000-$8,999	1.4	(0.35)	23	1,580	3.0	(0.82)	24	1,223
$9,000-$9,999	2.6	(0.56)	38	1,580	2.0	(0.64)	25	1,223
$10,000-$10,999	2.5	(0.48)	39	1,580	2.8	(0.61)	33	1,223
$11,000-$11,999	1.4	(0.38)	19	1,580	2.2	(0.69)	23	1,223
$12,000-$12,999	1.4	(0.39)	20	1,580	1.1	(0.37)	17	1,223
$13,000-$13,999	1.2	(0.38)	16	1,580	1.4	(0.60)	12	1,223
$14,000-$14,999	1.1	(0.30)	16	1,580	1.6	(0.61)	14	1,223
$15,000-$15,999	1.8	(0.39)	29	1,580	2.1	(0.64)	26	1,223
$16,000-$16,999	1.5	(0.34)	22	1,580	1.1	(0.37)	13	1,223
$17,000-$17,999	1.9	(0.45)	24	1,580	3.0	(0.61)	22	1,223
$18,000-$18,999	1.7	(0.40)	22	1,580	1.9	(0.55)	21	1,223
$19,000-$19,999	1.7	(0.39)	26	1,580	3.3	(0.93)	27	1,223
$20,000-$24,999	8.4	(0.92)	115	1,580	8.2	(1.41)	78	1,223
$25,000-$29,999	5.4	(0.74)	69	1,580	6.6	(0.90)	58	1,223
$30,000-$34,999	4.8	(0.76)	66	1,580	6.7	(1.18)	48	1,223
$35,000-$39,999	5.7	(0.84)	58	1,580	4.2	(0.75)	41	1,223
$40,000-$44,999	5.0	(0.87)	56	1,580	2.8	(0.75)	27	1,223
$45,000-$49,999	5.4	(0.84)	52	1,580	3.9	(0.61)	39	1,223
$50,000-$74,999	10.7	(1.09)	113	1,580	9.8	(1.16)	97	1,223
$75,000-$99,999	4.5	(0.79)	51	1,580	3.9	(0.72)	53	1,223
$100,000-$149,999	4.1	(0.94)	43	1,580	3.4	(0.91)	34	1,223
$150,000 or More	2.9	(0.98)	19	1,580	2.3	(0.78)	23	1,223
Before taxes and other deductions, was the total combined family income during [YEAR] more or less than 20,000 dollars? (QI22)								
$20,000 or More	79.4[a]	(1.66)	1,249	1,692	72.9	(2.14)	961	1,320
Less Than $20,000	20.6[a]	(1.66)	443	1,692	27.1	(2.14)	359	1,320
Of these income groups, which category best represents your total combined family income during [YEAR]? (QI23A and QI23B)								
Less Than $1,000	2.4	(0.44)	71	1,692	2.8	(0.63)	55	1,320
$1,000-$1,999	1.1	(0.30)	24	1,692	1.9	(0.48)	37	1,320
$2,000-$2,999	0.6	(0.17)	21	1,692	0.7	(0.24)	13	1,320
$3,000-$3,999	0.9	(0.26)	19	1,692	0.4	(0.20)	9	1,320
$4,000-$4,999	0.6	(0.20)	16	1,692	0.7	(0.22)	9	1,320
$5,000-$5,999	0.4	(0.17)	11	1,692	0.4	(0.17)	6	1,320

See notes at end of table.

(continued)

Table H.1 Estimates and Standard Errors for New, Moved, or Revised Items in the 2012 Questionnaire Field Test and 2013 Dress Rehearsal among Persons Aged 12 or Older (continued)

Instrument Item	2012 QFT Estimate[1,2,3]	2012 QFT Standard Error	2012 QFT Unweighted Total	2012 QFT Unweighted Sample Size	2013 DR Estimate[1,3,4]	2013 DR Standard Error	2013 DR Unweighted Total	2013 DR Unweighted Sample Size
$6,000-$6,999	0.6	(0.26)	10	1,692	0.2	(0.14)	5	1,320
$7,000-$7,999	0.2	(0.09)	7	1,692	0.9	(0.41)	9	1,320
$8,000-$8,999	0.6	(0.23)	11	1,692	1.5	(0.54)	13	1,320
$9,000-$9,999	0.7	(0.18)	23	1,692	1.1	(0.51)	10	1,320
$10,000-$10,999	1.1	(0.28)	21	1,692	1.9	(0.47)	30	1,320
$11,000-$11,999	0.6	(0.20)	15	1,692	2.0	(0.66)	23	1,320
$12,000-$12,999	0.8	(0.18)	16	1,692	0.9	(0.34)	16	1,320
$13,000-$13,999	0.7	(0.31)	13	1,692	1.9	(0.72)	15	1,320
$14,000-$14,999	1.6	(0.38)	25	1,692	0.8	(0.34)	12	1,320
$15,000-$15,999	1.0	(0.25)	24	1,692	1.3	(0.42)	17	1,320
$16,000-$16,999	0.7	(0.19)	16	1,692	0.6	(0.26)	11	1,320
$17,000-$17,999	1.8	(0.41)	28	1,692	1.5	(0.58)	13	1,320
$18,000-$18,999	1.2	(0.26)	21	1,692	1.7	(0.52)	19	1,320
$19,000-$19,999	2.1	(0.46)	43	1,692	3.5	(0.86)	35	1,320
$20,000-$24,999	7.6	(0.91)	127	1,692	7.1	(1.06)	100	1,320
$25,000-$29,999	3.8	(0.51)	65	1,692	5.0	(1.03)	58	1,320
$30,000-$34,999	4.8	(0.70)	82	1,692	6.1	(1.03)	70	1,320
$35,000-$39,999	5.1	(0.80)	82	1,692	5.3	(0.98)	53	1,320
$40,000-$44,999	6.2	(1.08)	92	1,692	4.3	(0.72)	61	1,320
$45,000-$49,999	4.7	(0.67)	77	1,692	3.8	(0.70)	48	1,320
$50,000-$74,999	16.8	(1.34)	242	1,692	15.2	(1.44)	192	1,320
$75,000-$99,999	11.1	(0.86)	178	1,692	11.1	(1.67)	149	1,320
$100,000-$149,999	12.6	(1.36)	202	1,692	9.7	(1.33)	155	1,320
$150,000 or More	7.9	(1.21)	110	1,692	5.8	(1.27)	77	1,320
Is there at least one telephone at this address that is not a cell phone? (CELL1)	65.8[a]	(1.79)	982	1,683	54.5	(2.58)	658	1,312
Do you or anyone at this address have a working cell phone? (CELL2)	92.9	(0.87)	1,597	1,688	91.9	(1.21)	1,226	1,310

[*]Low precision; estimate would be suppressed due to not meeting the NSDUH suppression rule.
ACASI = audio computer-assisted self-interviewing; AMT = CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; CAPI = computer-assisted personal interviewing; CHAMPUS = Civilian Health and Medical Program of the Uniformed Services; CHAMPVA = Civilian Health and Medical Program of the Veterans Administration; DMT = dimethyl-tryptamine; DR = 2013 Dress Rehearsal; GED = general equivalency diploma; N/A = not applicable; QFT = 2012 Questionnaire Field Test; R = respondent.

[a] Difference between estimate and 2013 DR estimate is statistically significant at the 0.05 level.

[1] Sample does not include Alaska or Hawaii and does not include Spanish-language interviews. Hispanic respondents who completed the interview in English also have been excluded for these comparisons.
[2] QFT data collected from September 1 through November 3, 2012.
[3] Estimates are percentages of all persons aged 12 or older, except where noted.
[4] DR data collected from September 1 through October 31, 2013.
[5] Estimated percentage is based on respondents who were asked the question and exclude respondents with unknown or missing data.
[6] Consistency check questions were revised to be consistent with the categories on educational attainment in the DR questionnaire.
[7] Estimate is an average based on valid responses to the relevant question(s). Respondents with unknown or missing data were excluded.
[8] The estimated mean includes zeroes.
[9] The ranges for height in feet and inches were edited for accuracy in the DR questionnaire.
[10] Includes pre-pregnancy weight of pregnant females as reported in HLTH13 and HLTH14.The upper weight limit was increased in the DR questionnaire.
[11] The definition of "immediate family" was moved from the "Help" screen to the question text, minor wording changes were made to these questions for clarity, and an "Other, Specify" item was to this series of questions in the DR questionnaire.
[12] The "Help" instructions were removed and key terms were moving into the question itself in the DR questionnaire.
[13] The wording was edited for accuracy in the DR questionnaire.

Source: SAMHSA, Center for Behavior Health Statistics and Quality, National Survey on Drug Use and Health, 2012 and 2013.

Appendix I: Notes on Analysis Variables for the Dress Rehearsal

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1. Key Illicit Drug Measures in Chapter 6 Tables

Measure	Substances Included
Use of Any Illicit Drug, Standard Definition	• Marijuana • Cocaine (including crack) • Heroin • Hallucinogens[1] • Inhalants[2] • Methamphetamine[3] • Prescription Drugs[3] – Pain Relievers – Tranquilizers – Stimulants[3] – Sedatives
Use of Any Illicit Drug, Alternate Definition 1	• Marijuana • Cocaine (including crack) • Heroin • Hallucinogens[1] • Inhalants
Use of Any Illicit Drug, Alternate Definition 2	• Marijuana • Cocaine (including crack) • Heroin
Use of Any Illicit Drug, Alternate Definition 3	• Marijuana • Cocaine (including crack) • Heroin • Methamphetamine[3]
Use of Illicit Drugs Other Than Marijuana, Standard Definition	• Cocaine (including crack) • Heroin • Hallucinogens[1] • Inhalants[2] • Methamphetamine[3] • Prescription Drugs[3] – Pain Relievers – Tranquilizers – Stimulants[3] – Sedatives

See notes at end of table. (continued)

1. Key Illicit Drug Measures in Chapter 6 Tables

Measure	Substances Included
Use of Illicit Drugs Other Than Marijuana, Alternate Definition 1	• Cocaine • Heroin • Hallucinogens[1] • Inhalants[2]
Use of Illicit Drugs Other Than Marijuana, Alternate Definition 2	• Cocaine • Heroin • Hallucinogens[1] • Inhalants[2] • Methamphetamine[3]

[1] For the 2012 and 2013 comparison data, estimates are based on the use of any of the following hallucinogens: LSD, also called "acid"; PCP, also called "angel dust" or phencyclidine; peyote; mescaline; psilocybin; or "Ecstasy," also called MDMA; or any other hallucinogen. DR estimates are based on the use of any of the hallucinogens from the 2012 and 2013 comparison data, plus the following: ketamine, also called "Special K" or "Super K"; DMT, AMT, or 5-MeO-DIPT ("Foxy"); or *Salvia divinorum*.

[2] Lifetime estimates of inhalant use for the 2012 and 2013 comparison data are based on the use of any of the following: amyl nitrite, "poppers," locker room odorizers, or "rush"; correction fluid, degreaser, or cleaning fluid; gasoline or lighter fluid; glue, shoe polish, or toluene; halothane, ether, or other anesthetics; lacquer thinner or other paint solvents; lighter gases, such as butane or propane; nitrous oxide or "whippits"; spray paints; other aerosol sprays; or any other inhalant. DR estimates of lifetime use of inhalants are based on the use of any of the inhalants from the 2012 and 2013 comparison data, plus the following: felt-tip pens, felt-tip markers, or magic markers; and computer cleaner, also known as air duster.

[3] Estimates of any prescription drug misuse, stimulant misuse, and methamphetamine use for the 2011 and 2012 comparison data include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data). Estimates of stimulant misuse for the DR vary according to whether they include data from the separate core methamphetamine module.

2. Stimulant Misuse:

- The standard definition for the 2012 and 2013 comparison data and the DR includes use of methamphetamine and misuse of prescription stimulants. Estimates for the 2012 and 2013 comparison data also include data from the new methamphetamine items added in 2005 and 2006 (i.e., core plus noncore data).
- The DR definition includes data only for misuse of prescription stimulants. A corresponding measure is not available for the 2012 and 2013 comparison data.

3. **Binge Alcohol Use** – For the 2012 and 2013 comparison data, binge alcohol use is defined for both males and females as drinking at least five or more drinks on the same occasion (i.e., at the same time or within a couple of hours of each other) on at least 1 day in the past 30 days. For the DR, binge alcohol use is defined for males as drinking five or more drinks on the same occasion and for females as drinking four or more drinks on the same occasion on at least 1 day in the past 30 days. Estimates in the DR for persons aged 12 or older and by age group (i.e., regardless of gender) also take into account the lower threshold for females.

4. **Methamphetamine Dependence** – For the DR sample, respondent s were classified with past year methamphetamine dependence if they reported three of the following problems in the past year because of their use of methamphetamine:

- spent a great deal of time over a period of a month getting, using, or getting over the effects of methamphetamine (METHLOTTM=1 or METHGTOVR=1, corresponding to questions DRME01 and DRME02);
- used methamphetamine more often than intended or was unable to keep set limits on methamphetamine use (METHKPLMT=2, corresponding to DRME05);
- needed to use methamphetamine more than before to get desired effects or noticed that same amount of methamphetamine use had less effect than before (METHNDMOR=1 or METHLSEFX=1, corresponding to DRME06 and DRME07);
- inability to cut down or stop using methamphetamine every time tried or wanted to (METHCUTEV=2, corresponding to DRME09);
- continued to use methamphetamine even though it was causing problems with emotions, nerves, mental health, or physical problems (METHEMCTD=1 or METHPHCTD=1, corresponding to DRME14 and DRME16);
- methamphetamine use reduced or eliminated involvement or participation in important activities (METHLSACT=1, corresponding to DRME17); or
- reported feeling blue or down when trying to stop or cut down using methamphetamine (METHFLBLU=1, corresponding to DRME10a), as well as experiencing two or more additional methamphetamine withdrawal symptoms at the same time that lasted longer than a day after methamphetamine use was cut back or stopped. Symptoms include (i) feeling tired or exhausted, (ii) having bad dreams, (iii) having trouble sleeping or sleeping more than normal, (iv) feeling hungry more often, and (v) feeling either very slowed down or could not sit still (METHWDSMT=1, corresponding to DRME12).

5. **Methamphetamine Abuse** – For the DR sample, respondents were classified with past year abuse of methamphetamine if they had not been classified with past year methamphetamine dependence and if they reported one or more of the following problems in the past year because of their use of methamphetamine:
   - serious problems at home, work, or school caused by using methamphetamine, such as
     - neglecting their children,
     - missing work or school,
     - doing a poor job at work or school,
     - losing a job or dropping out of school

     (METHSERPB=1, corresponding to DRME18);
   - used methamphetamine regularly and then did something that might have put you in physical danger (METHPDANG=1, corresponding to DRME19);
   - use of methamphetamine caused you to do things that repeatedly got you in trouble with the law (STMLAWTR=1, corresponding to DRME20); and

- problems with family or friends probably caused by using methamphetamine (METHMFPB=1 corresponding to DRME21) and continued to use methamphetamine even though you thought that using methamphetamine caused these problems (METHFMCTD=1, corresponding to DRME22).

6. In the DR sample, a respondent was classified as having illicit drug dependence (DEPNDILL) if he or she was classified as having dependence on any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.

7. In the DR sample, a respondent was classified as having illicit drug abuse (ABUSEILL) if he or she was not classified as having illicit drug dependence (DEPNDILL = 0) and met abuse criteria for any of the following: marijuana, hallucinogens, inhalants, tranquilizers, cocaine, heroin, pain relievers, stimulants, sedatives, or methamphetamine.

8. The following measures involving new survey items for comparisons between the DR sample and the 2012 National Health Interview Survey (NHIS) were based on the raw survey measures, as follows:

Measure	**DR Survey Questions**
Living in a household with only cellular or no telephone service	CELL1 = 2
Number of visits to doctor or other health care professional, past 12 months (none; 1; 2 to 3; 4 to 9; 10 or more)	HLTH19, HLTH19a
Has been in a hospital overnight, past 12 months?	HLTH17
Emergency room visit in past 12 months?	HLTH16
Disability or Physical Limitation	
Deaf or serious hearing difficulty	QD56
Blind or serious difficulty seeing	QD57
Serious difficulty concentrating, remembering, or making decisions	QD58
Serious difficulty walking or climbing stairs	QD59
Difficulty dressing or bathing	QD60
Difficulty doing errands alone, such as visiting a doctors' office or shopping	QD61
Conditions told to respondent by doctor or other health care professional	
Any kind of heart condition or heart disease	HLTH25=1
Diabetes or sugar diabetes	HLTH25=2
Chronic bronchitis, emphysema, chronic obstructive pulmonary disease, also called COPD	HLTH25=3
Cirrhosis of the liver	HLTH25=4
Hepatitis	HLTH25=5
Kidney disease, not including bladder infection or incontinence	HLTH25=6
Asthma	HLTH25=7
Cancer or a malignancy of any kind	HLTH25=9
Hypertension, also called high blood pressure	HLTH25=10