

Data Collection Worksheet

Please Note: The Data Collection Worksheet (DCW) is a tool to aid investigators to integrate the collection of PhenX measures in your study. The PhenX measures that you selected and added to your Cart are presented in the DCW in alphabetical order. The DCW includes worksheets for data collection. Variables derived from the collected data are shown in the Data Dictionary (DD) with variable names and unique PhenX variable identifiers. The collection of DCWs produced by the Toolkit is not designed as a data collection instrument. Each investigator will decide how to integrate PhenX measures into data collection for their study.

Marijuana

IF RESPONDENT HAS NEVER USED MARIJUANA (ASSESSED WITH THE Substances - Lifetime Use MEASURE), THEN SKIP TO THE DRUGS SECTION BELOW.

1. Did you ever use marijuana at least 21 times in a single year? [\[F1B\]](#)

1 NO

5 YES

9 DON'T KNOW / REFUSED

IF Question 1=1 THEN SKIP TO THE DRUGS SECTION BELOW.

2. Has there ever been a period of a month or more when a great deal of your time was spent using marijuana, getting marijuana, or getting over its effects? [\[F5\]](#)

1 NO

5 YES (MARK TALLY SHEET A)

9 DON'T KNOW / REFUSED

3. Because of your marijuana use, did you ever experience any of the following: **CODE IN COLUMN 1.**

	Column 1			Column 2		
	No	Yes	DK/ REF	No	Yes	DK/ REF
3.1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning? [F6_1] , [F6A_1]	1	5	9	1	5	9

3.2. Having trouble concentrating or having such trouble thinking clearly for more than 24 hours that it interfered with your functioning? [F6_2], [F6A_2]	1	5	9	1	5	9
3.3. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships? [F6_3], [F6A_3]	1	5	9	1	5	9
3.4. Decreased contact with friends or family? [F6_4], [F6A_4]	1	5	9	1	5	9
3.5. Hearing, seeing, or smelling things that weren't really there? [F6_5], [F6A_5]	1	5	9	1	5	9

FOR EACH 5 CODED IN COL.1, ASK Question 3.6.

3.6. Did you continue to use marijuana after you knew it caused this?
CODE IN COLUMN 2. (IF YES FOR COL. 2, ITEMS 3.1, 3.2, 3.3, or 3.5, MARK TALLY SHEET A)

4. Have you often wanted to stop or cut down on marijuana? [F7]

1 NO

5 YES

9 DON'T KNOW / REFUSED

4.1. Have you ever tried to stop or cut down on marijuana but found you couldn't? [F7A]
IF NEVER TRIED TO STOP/CUT DOWN, CODE NO.

1 NO, COULD STOP

5 YES, COULD NOT STOP

9 DON'T KNOW / REFUSED

IF NO, COULD STOP (OR NEVER TRIED), SKIP TO Question 5. OTHERS CONTINUE.

4.2. Were you unable to stop or cut down 3 or more times? [F7B]

1 NO

5 YES (MARK TALLY SHEET A)

9 DON'T KNOW / REFUSED

5. Have you often used marijuana more frequently or in larger amounts than you intended to? [F8]

1 [] NO

5 [] YES (MARK TALLY SHEET A)

9 [] DON'T KNOW / REFUSED

6. Did you ever need larger amounts of marijuana to get an effect, or did you ever find that you could no longer get high on the amount you used to use? [F9]

1 [] NO

5 [] YES (MARK TALLY SHEET A)

9 [] DON'T KNOW / REFUSED

7. When you stopped, cut down, or went without marijuana, did you ever experience any of these following problems for most of the day for 2 days or longer? Did you..... CODE IN COLUMN 1.

	Column 1		
	No	Yes	DK/ REF
7.1. feel nervous, tense, restless or irritable? [F10_1]	1	5	9
7.2. have trouble sleeping? [F10_2]	1	5	9
7.3. tremble or twitch? [F10_3]	1	5	9
7.4. sweat or have a fever? [F10_4]	1	5	9
7.5. have nausea or vomiting? [F10_5]	1	5	9
7.6. have diarrhea or stomach aches? [F10_6]	1	5	9
7.7. have a marked increase or decrease in appetite, that is, have a significant change from your <u>normal</u> level? [F10_7]	1	5	9

IF NO 5'S CODED IN Question 7. Parts 1-7, SKIP TO Question 8. OTHERS CONTINUE.

7.8. Have you ever used marijuana to keep from having any of these problems (or to make them go away)? [F10A]

1 [] NO

5 [] YES

9 [] DON'T KNOW / REFUSED

IF Question 7.8. is NO, SKIP TO Question 8. OTHERS CONTINUE.

7.9. Did this happen 3 or more times? [F10B]

1 NO

5 YES (MARK TALLY SHEET A)

9 DON'T KNOW / REFUSED

IF ONLY ONE 5 CODED IN COL. 1, SKIP TO Question 8. OTHERS CONTINUE.

7.10. Did these problems ever occur together? [F10C]

1 NO

5 YES (MARK TALLY SHEET A)

9 DON'T KNOW / REFUSED

8. Have you given up or greatly reduced important activities like sports, work, or associating with friends or relatives while using marijuana? [F17]

1 NO

5 YES

9 DON'T KNOW / REFUSED

IF NO TO QUESTION 8, THEN END PROTOCOL. IF YES, THEN CONTINUE TO QUESTION 8.1.

8.1. Has this happened 3 or more times, or did it last a month or longer? [F17A]

1 NO

5 YES (MARK TALLY SHEET A)

9 DON'T KNOW / REFUSED

Drugs

Note to the interviewer: This section allows for coding a total of five classes of drugs:

cocaine, stimulants, sedatives, opiates, and the class of drugs used most from those remaining (i.e., PCP, hallucinogens, solvents, combination drugs, or drugs that don't fit in any other category). The specific name or type of drug that will be coded in this fifth column should be recorded. If the respondent reports using equal amounts of drugs in more than one of these "other" classes, the interviewer should ask about the class of drugs that caused the most problems.

9. (HAND RESPONDENT CARD G) Have you ever used any of these drugs to feel good or high, or to feel more active or alert? Or did you use any prescription drugs when they were not prescribed, or more than prescribed?

	9.1	9.2	9.3	9.4	9.5	9.6	9.7	9.8	9.9
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>PCP</i>	<i>Halluc-inogens</i>	<i>Solvents</i>	<i>Combin-ationDrugs</i>	<i>Other</i>
	[G1_1]	[G1_2]	[G1_3]	[G1_4]	[G1_5]	[G1_6]	[G1_7]	[G1_8]	[G1_9]
No	1	1	1	1	1	1	1	1	1
Yes	5	5	5	5	5	5	5	5	5
DK/ REF	9	9	9	9	9	9	9	9	9

IF ALL NO, END PROTOCOL. ALL OTHERS CONTINUE TO Question 10 FOR EACH DRUG CODED 5 (YES).

10. How many times in your life have you used (DRUG)?

	10.1	10.2	10.3	10.4	10.5	10.6	10.7	10.8	10.9
	<i>Coc</i>	<i>Stim</i>	<i>Sed</i>	<i>Op</i>	<i>PCP</i>	<i>Hall</i>	<i>Solv</i>	<i>Comb Drugs</i>	<i>Other</i>
	[G1A_1]	[G1A_2]	[G1A_3]	[G1A_4]	[G1A_5]	[G1A_6]	[G1A_7]	[G1A_8]	[G1A_9]
TIMES									
DK/ REF	9999	9999	9999	9999	9999	9999	9999	9999	9999

IF NO DRUG IS USED 11 OR MORE TIMES, END PROTOCOL.

IF THE RESPONDENT USED COCAINE, STIMULANTS, SEDATIVES, AND/OR OPIATES 11 OR MORE TIMES, CONTINUE WITH Question 11.

IF THE RESPONDENT USED OTHER DRUGS (PCP, HALLUCINOGENS, SOLVENTS, OR

COMBINATION DRUGS) 11 OR MORE TIMES, CONTINUE WITH ONE USED MOST AND CODE IN COL. 5.

IF "OTHER" COLUMN USED, RECORD THE DRUG: _____.

11. Was there ever a period of a month or more when a great deal of your time was spent using (DRUG), getting (DRUG), or getting over its effects? (IF YES, MARK TALLY SHEET B)

	11.1	11.2	11.3	11.4	11.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G6_1]	[G6_2]	[G6_3]	[G6_4]	[G6_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

12.1. Have you often wanted to stop or cut down on (DRUG)? (IF YES, MARK TALLY SHEET B)

	12.1.1	12.1.2	12.1.3	12.1.4	12.1.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G7_1]	[G7_2]	[G7_3]	[G7_4]	[G7_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

12.2. Have you ever tried to stop or cut down on (DRUG) but found that you couldn't?

	12.2.1	12.2.2	12.2.3	12.2.4	12.2.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G7A_1]	[G7A_2]	[G7A_3]	[G7A_4]	[G7A_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

IF NO (COULD STOP), SKIP TO Question 13. OTHERS CONTINUE.

12.3. Were you unable to stop or cut down 3 or more times? (IF YES, MARK TALLY SHEET B)

	12.3.1	12.3.2	12.3.3	12.3.4	12.3.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G7B_1]	[G7B_2]	[G7B_3]	[G7B_4]	[G7B_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

13. Did you ever need larger amounts of (DRUG) to get an effect or find that you could no longer get high on the amount you used to use? (If YES, MARK TALLY SHEET B)

	13.1	13.2	13.3	13.4	13.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G8_1]	[G8_2]	[G8_3]	[G8_4]	[G8_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

14.1. Have you ever given up or greatly reduced important activities while using (DRUG), like sports, work, or associating with friends or relatives?

	14.1. 1	14.1. 2	14.1. 3	14.1. 4	14.1. 5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G9_1]	[G9_2]	[G9_3]	[G9_4]	[G9_5]
No	1	1	1	1	1
Yes	5	5	5	5	5

DK/REF	9	9	9	9	9
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14.2. IF YES: Did this happen 3 or more times or for a month or more? (IF YES, MARK TALLY SHEET B)

	14.2.1	14.2.2	14.2.3	14.2.4	14.2.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G9A_1]	[G9A_2]	[G9A_3]	[G9A_4]	[G9A_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

15. Have you often used (DRUG) more days or in larger amounts than you intended to? (IF YES, MARK TALLY SHEET B)

	15.1	15.2	15.3	15.4	15.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G10_1]	[G10_2]	[G10_3]	[G10_4]	[G10_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

16. People who stop, cut down, or go without drugs after using drugs steadily for some time may not feel well. These feelings are more intense and can last longer than the usual hangover. When you stopped, cut down, or went without (DRUG), did you ever experience any of the following problems for most of the day for 2 days or longer? (NO=1, YES=5, DON'T KNOW/REFUSED=9) ASK Questions ONE COLUMN AT A TIME. IF BOX IS GREYED OUT, QUESTION IS NOT APPLICABLE TO DRUG CATEGORY.

	1	2	3	4	5
	<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

16.1. Did you feel depressed? [G11_1_1 -- G11_1_5]						
16.2. Did you feel restless? [G11_2_1 -- G11_2_3, G11_2_5]						
16.3. Did you feel tired, sleepy, or weak? [G11_3_1-G11_3_3,G11_3_5]						
16.4. Did you have trouble sleeping? [G11_4_1 -- G11_4_5]						
16.5. Did you sleep too much? [G11_5_1, G11_5_2, G11_5_5]						
16.6. Did you have a strong desire or craving for (DRUG)? [G11_6_1,G11_6_2.G11_6_4, G11_6_5]						
16.7. Did you feel slowed down, like you could hardly move? [G11_7_1-- G11_7_2, G11_7_5]						
16.8. Did you have an increase in appetite? [G11_8_1-- G11_8_2, G11_8_5]						
16.9. Did you have nightmares? [G11_9_1-- G11_9_2, G11_9_5]						
16.10. Did you have diarrhea? [G1110_4-G1110_5]						
16.11. Did you have stomach aches or stomach cramps? [G1111_4-G1111_5]						
16.12. Did your eyes run? [G1112_4-G1112_5]						
16.13. Did your nose run? [G1113_4-G1113_5]						
16.14. Did you have muscle pains? [G1114_4-G1114_5]						
16.15. Did you yawn? [G1115_4-G1115_5]						
16.16. Were your pupils dilated or were your eyes sensitive to light? [G1116_4-G1116_5]						
16.17. Did you have gooseflesh, goose bumps, or did you get the chills? [G1117_4-G1117_5]						
16.18. Did your heart race? [G1118_3, G1118_4, G1118_5]						
16.19. Did you sweat? [G1119_3, G1119_4, G1119_5]						
16.20. Did you have a fever? [G1120_3, G1120_4, G1120_5]						
16.21. Did you have nausea, or did you vomit? [G1121_3, G1121_4, G1121_5]						
16.22. Did you have headaches? [G1122_3, G1122_5]						

16.23. Did you feel nervous, tense, or irritable? [G1123_3, G1123_5]					
16.24. Did your hands shake? [G1124_3, G1124_5]					
16.25. Did you tremble or twitch? [G1125_3, G1125_5]					
16.26. Did you experience dizziness? [G1126_3, G1126_5]					
16.27. Did you have seizures? [G1127_3, G1127_5]					
16.28. Did you see, hear, or feel things that weren't really there? [G1128_3, G1128_5]					
16.29. Did you think that people were plotting to harm you (PARANOID)? [G1129_3, G1129_5]					

CONTINUE ASKING ONE COLUMN AT A TIME. FOR EACH DRUG COLUMN: IF ALL CODED 1, GO TO NEXT DRUG COLUMN. IF ONLY ONE CODED 5, SKIP TO Question 17.2. IF TWO OR MORE 5'S CODED, CONTINUE.

17.1. Was there ever a time when 2 or more of these problems occurred together because of stopping, cutting down on, or going without (DRUG)?
REVIEW SYMPTOMS AS NEEDED. (IF YES, MARK TALLY SHEET B)

	17.1.1	17.1.2	17.1.3	17.1.4	17.1.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G11B_1]	[G11B_2]	[G11B_3]	[G11B_4]	[G11B_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

17.2. Have you ever used (DRUG) to keep from having any of these problems (or to make them go away)?
IF NO, SKIP TO NEXT DRUG. IF NO DRUG, SKIP TO Question 9. (IF YES, MARK TALLY SHEET B)

	17.2.1	17.2.2	17.2.3	17.2.4	17.2.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G11E_1]	[G11E_2]	[G11E_3]	[G11E_4]	[G11E_5]
No	1	1	1	1	1

Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

17.3. Did you do that 3 or more times?

	17.3.1	17.3.2	17.3.3	17.3.4	17.3.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G11E2_1]	[G11E2_2]	[G11E2_3]	[G11E2_4]	[G11E2_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

18.1. Did using (DRUG) cause you to have any other problems like an overdose?

	18.1.1	18.1.2	18.1.3	18.1.4	18.1.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G12A_1]	[G12A_2]	[G12A_3]	[G12A_4]	[G12A_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

18.2. IF YES: Did this happen 3 or more times? (overdose that required medical treatment) (IF YES, MARK TALLY SHEET B)

	18.2.1	18.2.2	18.2.3	18.2.4	18.2.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G12A2_1]	[G12A2_2]	[G12A2_3]	[G12A2_4]	[G12A2_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

18.3. Did using (DRUG) cause you to have any other problems like hepatitis?

	18.3.1	18.3.2	18.3.3	18.3.4	18.3.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G12B_1]	[G12B_2]	[G12B_3]	[G12B_4]	[G12B_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

18.4. IF YES: Did you continue to use (DRUG) knowing it caused hepatitis? (IF YES, MARK TALLY SHEET B)

	18.4.1	18.4.2	18.4.3	18.4.4	18.4.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G12B1_1]	[G12B1_2]	[G12B1_3]	[G12B1_4]	[G12B1_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

18.5. Did using (DRUG) cause you to have any other serious health problems? (IF YES, MARK TALLY SHEET B)

Specify:

	18.5.1	18.5.2	18.5.3	18.5.4	18.5.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G12C_1]	[G12C_2]	[G12C_3]	[G12C_4]	[G12C_5]
No	1	1	1	1	1
Yes	5	5	5	5	5

SPECIFY:					
DK/REF	9	9	9	9	9

18.6. IF YES: Did you continue to use (DRUG) knowing it caused health problems? (IF YES, MARK TALLY SHEET B)

	18.6.1	18.6.2	18.6.3	18.6.4	18.6.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G12C1_1]	[G12C1_2]	[G12C1_3]	[G12C1_4]	[G12C1_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

19. Has your use of (DRUG) ever caused you emotional or psychological problems like:

		1	2	3	4	5
		<i>COC</i>	<i>STIM</i>	<i>SED</i>	<i>OP</i>	<i>OTH</i>
	No	1	1	1	1	1
	Yes	5	5	5	5	5
	DK/REF	9	9	9	9	9
19.1. Feeling depressed or uninterested in things for more than 24 hours to the point that it interfered with your functioning? [G18_1_1 - G18_1_5]						
19.2. Feeling paranoid or suspicious of people for more than 24 hours to the point that it interfered with your relationships? [G18_2_1 - G18_2_5]						
19.3. Having trouble concentrating or thinking clearly for more than 24 hours to the point that it interfered with your functioning? [G18_3_1 - G18_3_5]						
19.4. Hearing, seeing, or smelling things that weren't really there? [G18_4_1 - G18_4]						

19.5. Feeling jumpy or easily startled or nervous for more than 24 hours to the point that it interfered with your functioning? [G18_5_1 - G18_5_5]						
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IF ALL ARE CODED 1, END PROTOCOL. OTHERS CONTINUE.

19.6. Did you continue to use (DRUG) after you knew it caused any of these problems? REVIEW SYMPTOMS AS NEEDED. (IF YES, MARK TALLY SHEET B)

	19.6.1	19.6.2	19.6.3	19.6.4	19.6.5
	<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
	[G18A_1]	[G18A_2]	[G18A_3]	[G18A_4]	[G18A_5]
No	1	1	1	1	1
Yes	5	5	5	5	5
DK/REF	9	9	9	9	9

MARIJUANA TALLY SHEET A - DSM-IV CRITERIA

This Tally sheet is used for assessing an abuse and dependence diagnosis. The question numbers are listed in black in the left hand column. The corresponding variable name is listed below the question number in blue.

The Tally Sheet is used by the interviewer to keep track of which criteria are positively endorsed by the subject. This tool is used to tally the multiple indicators of each criterion in the SSAGA. When a criterion question is rated positively by the interviewer, a tick mark/check is made on the Tally Sheet by that particular question. If at least one indicator is achieved in the left hand column, then the Box field is also checked, indicating that a DMS-IV substance use disorder criteria have been met.

Question number Variable name

_____ Question 2 [F5]	Great deal of time spent using marijuana, getting it, or getting over its effects for 1 month or more	BOX 1: _____
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_____ Question 3.1 Parts.1,2,3, or 5		
[F6A_1, F6A_3- F6A_5]	Continued to use marijuana knowing it caused emotional or psychological problems (COL II=5)	BOX 2: _____

_____ F7 [F7]	Often wanted to stop or cut down on marijuana	
_____ Question 4.2 [F7B]	Tried but was unable to stop or cut down on marijuana 3+ times	BOX 3: _____

_____ Question 5 [F8]	Often used marijuana more frequently or in larger amounts than intended	BOX 4: _____
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_____ Question 6 [F9]	Needed larger amounts of marijuana to get same effect or couldn't get high on amount used to use	BOX 5: _____
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_____ Question 7.1 [F10B]	Used marijuana to relieve or avoid withdrawal symptoms 3+ times	
_____ Question 7.2 [F10C]	Experienced 2+ withdrawal symptoms	BOX 6: _____

_____ Question 8.1 [F17A]	Gave up or greatly reduced important activities to use marijuana 3+ times or for 1 month	BOX 7: _____
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DRUG TALLY SHEET B - DSM-IV CRITERIA

This Tally sheet is used for assessing an abuse and dependence diagnosis. The question numbers are listed in black in the left hand column. The corresponding variable name is listed below the question number in blue.

The Tally Sheet is used by the interviewer to keep track of which criteria are positively endorsed by the subject. This tool is used to tally the multiple indicators of each criterion in the SSAGA. When a criterion question is rated positively by the interviewer, a tick mark/check is made on the Tally Sheet by that particular question. If at least one indicator is achieved in the left hand column, then the Box field is also checked, indicating that a DMS-IV substance use disorder criteria have been met.

Question Number		<i>Cocaine</i>	<i>Stimulants</i>	<i>Sedatives</i>	<i>Opiates</i>	<i>Other</i>
Variable Name						

Question 11 [G6_1 - G6_5]	A month or more spent using, getting, or getting over effects of (DRUG)					
Question 12.1 [G7_1 - G7_5]	Often wanted to stop or cut down on (DRUG)					
Question 12.3 [G7B_1 - G7B_5]	Tried to stop or cut down on (DRUG) but couldn't 3+ times					
Question 13 [G8_1 - G8_5]	Needed larger amounts of (DRUG) to get effect or couldn't get high on same amount					
Question 14.2 [G9A_1 - G9A_5]	Gave up or reduced important activities to use (DRUG) 3+ times or for 1 month					
Question 15 [G10_1 - G10_5]	Often used (DRUG) more days or in larger amounts than intended					
Question 17.1 [G11B_1 - G11B_5]	Experienced withdrawal from (DRUG)					
Question 17.3 [G11E2_1 - G11E2_5]	Used (DRUG) to relieve or avoid withdrawal symptoms 3+times					
Question 18.2 [G12A2_1 - G12A2_5]	(DRUG) caused an overdose 3+ times					
Question 18.4 [G12B1_1 - G12B1_5]	Continued to use (DRUG) knowing it caused hepatitis					
Question 18.6 [G12C1_1- G12C1_5]	Continued to use (DRUG) knowing it caused other health problems					
Question 19.6 [G18A_1 - G18A_5]	Continued to use (DRUG) knowing it caused emotional/psychological Problems					

CARD G

<u>SEDATIVES</u>	HEROIN	<u>SOLVENTS</u>
BARBITURATES	CODEINE	INHALANTS
SLEEPING PILLS	DEMEROL	GLUE
SECONAL	MORPHINE	TOLUENE
VALIUM	PERCODAN	GASOLINE
LIBRIUM	METHADONE	PAINT
TRANQUILIZERS	DARVON	WHITE-OUT
QUAALUDES	OPIUM	
XANAX	DILAUDID	<u>COMBINATIONS</u>
	PRESCRIPTION PAIN KILLERS	SPEEDBALLS
<u>COCAINE</u>	T's AND BLUES	ICE
CRACK		
COCA LEAVES	<u>HALLUCINOGENS</u>	<u>OTHER</u>
	PSYCHEDELICS	KHAT
<u>OTHER STIMULANTS</u>	LSD (Acid)	BETEL NUT
SPEED	MESCALINE	NITROUS OXIDE
AMPHETAMINES	PEYOTE	AMYL NITRITE
WHITECROSSES	PSILOCYBEN (Mushrooms)	ECSTASY
BLACK BEAUTIES	DMT	
CRANK		
<u>OPIATES</u>	<u>PCP</u> (Angel Dust)	

COGA/SSAGA-II

Card G

Interviewer Instructions

The following section can be used to train an interviewer administering this protocol. This information provides context for the questions.

Marijuana

The Marijuana section of the SSAGA-II is fully diagnostic for the DSM-IV criteria. Marijuana has been separated from the general Drug section because use of marijuana is relatively common (according to DSM-III-R Cannabis is the most widely used illicit psychoactive substance in the United States) and because there are thought to be fewer negative withdrawal, physical, and emotional effects from marijuana, when compared with other drugs such as cocaine, stimulants, and sedatives.

Marijuana is usually smoked, but it can be ingested orally as well. It is often used in combination with other substances such as alcohol and cocaine. Symptoms associated with marijuana use include tachycardia, increased appetite, paranoid ideation, panic attack, listlessness and dysphoric effects following cessation of use. Maladaptive behavioral effects include impaired judgement and interference with social or occupational functioning. With cannabis abuse, use is episodic and the person exhibits symptoms of maladaptive behavior, such as driving while under its influence.

This section parallels in form and content the Alcohol and Drug sections since all come under the umbrella term of psychoactive substance use. The threshold for entry into this section -- use of marijuana 21 times or more within a single year -- differs from that of the "Drug" section. This threshold was selected because occasional recreational use is not uncommon in many subsamples of the population. If an individual denies ever having used marijuana then s/he will immediately skip to the next section. If R¹ has used marijuana/hashish but never at least 21 times within a single year, R will skip to the Drug section.

Question by question specifications:

2	Stress a month or more.
3	Stress interfered with your functioning and for more than 24 hours. Make sure R connects the symptoms with marijuana use.
3.1	Items in Column II are coded on the tally sheets.
4	Unsuccessful efforts would count; however, a persistent desire to stop or cut down during a pregnancy would not count.
5	This must be more than R <u>intended</u> , not just more than was expected.
8	R must either have given up important activities 3 or more times and/or must have given up important activities for a period of one month or more to count as a positive symptom.

Substances

This is a fully diagnostic section that assesses Drug Abuse and Drug Dependence, using the DSM-IV, diagnostic system. The Drug section is similar in form and content to the Tobacco, Alcohol, and Marijuana sections.

The questions throughout the section are asked about each class of drug, not each specific drug. The section allows for coding a total of five classes of drugs: cocaine, stimulants, sedatives, opiates, and the class of drugs used most from those remaining (i.e., PCP, hallucinogens, solvents, combination drugs, or drugs that don't fit in any other category). The specific name or type of drug that will be coded in this fifth column should be noted. If R reports using equal amounts of drugs in more than one of these "other" classes, the interviewer should ask about the class of drugs that caused the most problems.

Generally, questions in the Drug section are asked in rows -- meaning that if more than one drug class is being coded, the interviewer asks the question for each coded drug class before moving on to the next question. So, for example:

IVR²: "Have you ever wanted to cut down or tried to cut down on cocaine but found that you couldn't?"

R: "Yes."

IVR: "Did this happen with stimulants?"

R: "Yes."

IVR: "Did this happen with opiates?"

R: "No."

(Some respondents may need the stem question repeated more often.)

Exceptions to this general pattern include questions 8, 10, and questions that have follow-up "IF YES, ASK:" subquestions. These exceptions should be coded by column, i.e., the questions and subquestions are completed for one drug class before continuing on to the next column.

Question by question specifications:

1	Do not count any over the counter (OTC) medications. Also, prescribed refers to medications prescribed for R. If R took someone else's prescription when it was not prescribed for R, it counts here. However, do not count: (1) using a prescription drug as needed after the period for which it was prescribed, or (2) taking someone else's prescription meds if R has the identical prescription and R is taking the medication as prescribed.
2	Number of times really means the number of different occasions. If R took ten pills in one night, count as one time. If R took one pill on ten different days, count as ten times. Record the total number of times R used drugs in a particular class. For example, if R used Valium ten times and Librium ten times, then s/he has used sedatives twenty times. Code T's and Blues as Opiates. Code Ecstasy as Other. Code crank as stimulants (amphetamines). Code ice as combination (it's a combination of cocaine and amphetamines, with the primary component amphetamine). For prescription drugs, count the number of times they were used when not prescribed or more than prescribed. Even though there is only a single line to record the number of times, interviewers can code numbers containing up to 4 digits, or, in other words, a maximum of 9999 times.
3	Stress a month or more.
4	Count persistent or unsuccessful efforts desire to stop or cut down during pregnancy.
8	Issue of prophylactic treatment for withdrawal: Sometimes the facilities will institute treatment for withdrawal so that individuals will not experience the symptoms for two days or longer. These cases may need to be addressed by a clinician.
8	This question assesses withdrawal symptoms. Stress for 2 days or longer. Because not all withdrawal symptoms are common among all classes of drugs, coding spaces are deliberately missing for symptoms that cannot apply to a particular drug. This question is to be completed by column, asking about one drug class completely (6-6.2a) before moving on to the next class.

R is an abbreviation for Respondent

² IVR is an abbreviation for Interviewer

Protocol source: <https://www.phenxtoolkit.org/protocols/view/31401#Source>