

## **Data Collection Worksheet**

Please Note: The Data Collection Worksheet (DCW) is a tool to aid integration of a PhenX protocol into a study. The PhenX DCW is not designed to be a data collection instrument. Investigators will need to decide the best way to collect data for the PhenX protocol in their study. Variables captured in the DCW, along with variable names and unique PhenX variable identifiers, are included in the PhenX Data Dictionary (DD) files.

1a. Now I'm going to ask you about some experiences that people have reported in connection with their use of medicines or drugs ON THEIR OWN. As I read each experience, please tell me if this has ever happened to you.  In your entire life, did you EVER(PAUSE)  (Repeat phrase frequently)		b. Did this happen in the last 12 months?	last 12 month which medic drugs	s, ines or did this n with?	before 12 months ago, that	e. Which medicing drugs of happer before months	nes or did this n with 12 s ago?
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(1) Find that your usual amount of a	1 [ ] Yes	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	1 [ ] Yes	3 [ ] MAR	4 [ ] COC
medicine or drug had much less effect on you than it	2 [ ] No - Go to next experience	2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
once did?			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ]	10 [ ]		9[]	10 [ ]

			HER	ОТН		HER	ОТН
much more of a medicine or to			1 [ ] 2 [ ] SED PAN			1 [ ] SED	2 [ ] PAN
	4 [ ] Vos	4 [ ] Vos	3 [ ] MAR	4 [ ] COC	4.[.] Vos	3 [ ] 4 [ MAR CO	4 [ ] COC
	2 [ ] No - Go to next	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
	<i></i>		7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
The next few que bad aftereffects when the effect are wearing off. morning after us days after stopp it. Did you EVER	that people r s of a medicir This includes sing it or in th ing or cutting	may have le or drug the e first few					
(3) Sleen more			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(when the effects of a medicine or the strength of the strengt	2 [ ] No - Go   2 to next   M	1 [ ] Yes 2 [ ] No - Mark "Yes"	3 [ ] MAR	4 [ ] COC	2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
		in column d	5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ]	8 [ ]		7 [ ]	8 [ ]

			HAL	SOLV		HAL	SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
1 [ ] Yes	4 [ ] Vos	3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC	
(4) Feel weak or tired?	2 [ ] No - Go to next	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
experience i	m cotumn d	7 [ ] HAL	8 [ ] SOLV	схреттепес	7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
	4.5.1 V	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next	3 [ ] MAR	4 [ ] COC
(5) Feel depressed?	2 [ ] No - Go to next		5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
experience	Solumi d	7 [ ] HAL	8 [ ] SOLV	experience	7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH

			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(6) Find your heart beating			3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
fast (when the effects of a medicine or	1 [ ] Yes 2 [ ] No - Go to next experience	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	5 [ ] STIM			5 [ ] STIM	6 [ ] CLB
drug were wearing off)?	ехрепенсе	m cotumn d	7 [ ] HAL	8 [ ] SOLV	ехрепенсе	7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
	2 [ ] No - Go		1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
		1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
(7) Have nausea or vomiting?			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
		9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH	
1 [] Yes  (8) Yawn a lot? 2 [] No - Go to next experience		1 [ ] Yes 2 [ ] No -	1 [ ] SED	2 [ ] PAN	1 [ ] Yes 2 [ ] No -	1 [ ] SED	2 [ ] PAN
	2 [ ] NO - Mark "Yes" in column d	3 [ ]	4 [ ]	Go to next experience	3 [ ]	4 [ ]	

			MAR	СОС		MAR	СОС
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(9) Have runny		3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC	
nose (when the effects of a medicine or	2 [ ] No - Go to next	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
drug were wearing off)?	experience		7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(10) Eat more than usual or gain weight?	1 [] Yes 2 [] No - Go to next	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
	experience	in column d	5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB

				7 [ ] HAL		8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
				9 [ ] HER		10 [ ] OTH		9 [ ] HER	10 [ ] OTH
1a. Did you EVER( <i>PAUSE</i> ) this happen in		c. During the last 12 months, which medicines or drugs did this happen with?  (SHOW FLASHCARD)		which s or this vith?	happen before 12 months ago, that	e. Which medicing drugs of happer before months (SHOW)	nes or lid this with 12 ago?		
					2   P <i>A</i>		to next	1 [ ] SED	2 [ ] PAN
		1 [ ] Yes			4   CC	[ ] DC		3 [ ] MAR	4 [ ] COC
(11) Feel anxious or nervous?	to payt	2 [ ] No -	5 S		6   CL	D		5 [ ] STIM	6 [ ] CLB
	ехрепенсе	d		[ ] AL	8   SC	[] DLV	experience	7 [ ] HAL	8 [ ] SOLV
				[] ER		[] TH		9 [ ] HER	10 [ ] OTH
muscle aches or cramps (when the		1 [ ] Yes 2 [ ] No -	1 SE		2   P <i>A</i>		1 [ ] Yes 2 [ ] No <i>- Go</i>	1 [ ] SED	2 [ ] PAN
		Mark "Yes" in column	3	[]	4	[]	to next experience	3 [ ]	4[]

medicine or drug were		d	MAR	СОС		MAR	СОС
wearing off)?			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
		1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
(13) Have a fever?	2 [] No - Go to next		5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(14) Become so		1 [ ] Yes	1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
restless you fidgeted, paced or to next	2 [ ] No -	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next	3 [ ] MAR	4 [ ] COC	
still?	ouldn't sit experience	d	5 [ ] STIM	6 [ ] CLB	experience	5 [ ] STIM	6 [ ] CLB

			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
( <b>15)</b> Move or talk much more slowly	1 [ ] Yes	3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC	
than usual (when the effects of a	1 [ ] Yes 2 [ ] No - Go to next experience	2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
medicine or drug were wearing off)?	experience	d	7 [ ] HAL	8 [ ] SOLV	experience	7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(16) Find your	1 [ ] Yes	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	1 [ ] Yes	3 [ ] MAR	4 [ ] COC
pupils dilating or your hair standing up?	2 [ ] No - Go to next experience	2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB	2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ]	10 [ ]		9 [ ]	10 [ ]

			HER	ОТН		HER	ОТН
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
( <b>17</b> ) Have	4.5.1.V	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	4.5.1.V	3 [ ] MAR	4 [ ] COC
unpleasant	2 [ ] No - Go to next	2 [ ] No - Mark "Yes" in column	5 [ ] STIM		1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
	схретенее	d	7 [ ] HAL	8 [ ] SOLV	experience	7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] 2 [ ] SED PAN	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(18) See, feel or hear things that weren't	4.F.1.V	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	45174	3 [ ] MAR	4 [ ] COC
really there (when the effects of a	1 [] Yes 2 [] No - Go to next	2 [ ] No -	5 [ ] STIM	6 [ ]	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
medicine or drug were wearing off)?	experience	d	7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
	1 [ ] Yes 2 [ ] No - Go to next	1 [ ] Yes 2 [ ] No - Mark "Yes"	1 [ ] SED	Z [ ]	1 [ ] Yes 2 [ ] No - Go to next	1 [ ] SED	2 [ ] PAN

hands?	experience	in column d	3 [ ] MAR	4 [ ] COC	experience	3 [ ] MAR	4 [ ] COC
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(20) Have trouble falling asleep or staying asleep?	1 [ ] Yes 2 [ ] No - Go to next experience	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d					
b. Did this happen in the last 12 months?							
_	,	this happen in the last 12	medici	s, which nes or did this n with?	d. Did this happen before 12 months ago, that is, before last (Month one year ago)?	e. Which medicing drugs of happer before months	nes or lid this n with 12 s ago?

			STIM	CLB		STIM	CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
	(22) Become more irritable than usual?    T   Tes     2     No - Go   In   In   In   In   In   In   In   I	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	4.5.1.V	3 [ ] MAR	4 [ ] COC
(22) Become more irritable than usual?		2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
	experience	d	7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
( <b>23)</b> Eat less than usual or	3) Eat less	2 [ ] No - Mark "Yes" in column	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
lose weight?	2 [ ] No - Go to next experience		5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV

			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(24) Feel angry, combative or aggressive (when the effects of a medicine or drug were wearing off)?  1 [] Yes 2 [] No - Go to next experience	4 [ ] Vee	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	4 [ ] Va-	3 [ ] MAR	4 [ ] COC
	2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB	
	d	7 [ ] HAL	8 [ ] SOLV	experience	7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
	4 [ ] Vee	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
( <b>25</b> ) Have a headache?	1 [] Yes 2 [] No - Go to next experience	2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
experience		d	7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
		9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH	
( <b>26)</b> Find yourself	1 [ ] Yes	1 [ ] Yes	1 [ ]	2 [ ]	1 [ ] Yes	1 [ ]	2 [ ]

sweating?	2 [ ] No - Go to next experience	2 [ ] No - Mark "Yes" in column	SED	PAN	2 [ ] No - Go to next experience	SED	PAN
		d	3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(27) Have chills	4.F.1.V.	1 [ ] Yes	3 [ ] 4 [ ] MAR COC		3 [ ] MAR	4 [ ] COC	
(when the effects of a medicine or drug were	1 [ ] Yes 2 [ ] No - Go to next experience	2 [ ] No -	5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
wearing off)?	experience	d	7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
( <b>28</b> ) Have	1 [ ] Yes	1 [ ] Yes 2 [ ] No -	1 [ ] SED	2 [ ] PAN	1 [ ] Yes	1 [ ] SED	2 [ ] PAN
stomach pain?	comach pain?	Mark "Yes" in column	3 [ ] MAR	4 [ ] COC	2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC

			5 [ ] STIM	6 [ ] CLB	5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV	7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH	9 [ ] HER	10 [ ] OTH
Check Item 1. Are at least 2 items marked "Yes" in 1c(3)- 1c(28)?	1 [ ] Yes 2 [ ] No - <i>Go t</i> i Item 2	o Check				
(28-1) You just mentioned that you had SOME bad aftereffects when stopping or cutting down on your use of medicines or drugs in the last 12 months. Did at least 2 of these experiences happen around the same time DURING the last 12 months?		1 [ ] Yes 2 [ ] No - Go to Check Item 2				
Check Item 2. Are at least 2 items marked "Yes" in 1e(3)-	1 [ ] Yes 2 [ ] No - Skip	to 1a(29)				

1e(28)?							
(28-2) You (just/also) mentioned that you had SOME bad aftereffects when stopping or cutting down on your use of medicines or drugs BEFORE 12 months ago. Did at least 2 of these experiences happen around[HT1] the same time BEFORE 12 months ago?							
1a. In your entire life, did you EVER (Repeat phrase frequently)		b. Did this happen in the last 12 months?	medici	s, which nes or lid this n with?	happen before 12 months	e. Which medicines or drugs did thi happen with before 12 months ago?  (SHOW FLASHCARD)	
(29) Take more of the same or a similar medicine or drug to get over or avoid any of these bad aftereffects?	1 [ ] Yes 2 [ ] No - Go to next experience	1 [ ] Yes 2 [ ] No - Mark "Yes" in column d	1 [ ] SED 3 [ ] MAR 5 [ ] STIM 7 [ ] HAL 9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV	1 [] Yes 2 [] No - Go to next experience	1 [ ] SED  3 [ ] MAR  5 [ ] STIM  7 [ ] HAL  9 [ ] HER	2 [ ] PAN 4 [ ] COC 6 [ ] CLB 8 [ ] SOLV

			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(30) More than once WANT to			3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
stop or cut		2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
	ехрепенсе	d	7 [ ] HAL	8 [ ] SOLV	ехрепенсе	7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
	1 [ ] Yes 2 [ ] No - Go to next		1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(31) More than once TRY to stop or cut		1 [ ] Yes	3 [ ] 4 [ ] MAR COC	3 [ ] MAR	4 [ ] COC		
down on using any of these medicines or		2 [ ] No -	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
drugs but found you couldn't do it?	experience		7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(32) Often use a medicine or drug in larger amounts or for	1 [ ] Yes 2 [ ] No - Go to next	1 [ ] Yes 2 [ ] No - Mark "Yes"	1 [ ] SED	D V VI	1 [ ] Yes 2 [ ] No - Go to next	1 [ ] SED	2 [ ] PAN
		in column d	3 [ ]	4 [ ]	experience	3 [ ]	4[]

meant to?			MAR	СОС		MAR	COC
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(33) Have a period when you	period when you pent a lot of me using a ledicine or rug or getting wer its bad	1 [] Yes 2 [] No - Mark "Yes" in column d  1 [] Yes 2 [] No - Mark "Yes" in column d	3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
time using a medicine or			5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience  1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
over its bad aftereffects?			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(34) Have a period when you			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
spent a lot of time making 2 [] sure you always	1 [] Yes 2 [] No - Go to next experience		3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
medicine or drug available?	CAPETIETICE		5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB

			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(35) Give up or			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(35) Give up or cut down on activities that were important	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	4.[.] Vos	3 [ ] MAR	4 [ ] COC	
to you in order to use a medicine or drug-like work,	1 [ ] Yes 2 [ ] No - Go to next experience	2 [ ] No -	5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
school, or associating with friends or		d	7 [ ] HAL	7[] 8[]	7 [ ] HAL	8 [ ] SOLV	
relatives?			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(24) Civo vo or			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(36) Give up or cut down on activities that you were	1 [ ] Yes	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	1 [ ] Yes	3 [ ] MAR	4 [ ] COC
nterested in or hat gave you leasure in order to use a	2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB	2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB	
medicine or drug?	edicine or		7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ]	10 [ ]		9 [ ]	10 [ ]

			HER	ОТН		HER	ОТН
(37) Continue	1 [] Yes 2 [] No - Go to next experience		1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
to use a medicine or drug even though you		1 [ ] Yes	3 [ ] MAR	4 [ ] COC	4. [ ] Vos	3 [ ] MAR	4 [ ] COC
knew it was making you feel <sup>2</sup> depressed, <sup>t</sup>		2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
		d	7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
1a. In your entire life, did you EVER(PAUSE) (Repeat phrase frequently)		b. Did this happen in the last 12	last 12 months, which medicines or drugs did this happen with?		happen	e. Whice medicing drugs of happer before months (SHOW)	nes or lid this with 12 ago?
(38) Continue to use a medicine or		1 [ ] Yes	1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
though you knew it was	1 [] Yes 2 [] No - Go to next experience	2 [ ] No -	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
	experience	d	5 [ ] STIM	6 [ ] CLB	CAPOTICIO	5 [ ] STIM	6 [ ] CLB

worse?			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
( <b>39</b> ) Feel a very <sub>1 [] Yes</sub>	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	4.5.1.V	3 [ ] MAR	4 [ ] COC	
strong urge or desire to use a medicine or	2 [ ] No - <i>Go</i>	2 [ ] No - Mark "Yes" in column	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
drug?	r	d	7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(40) Want a medicine or	1 [ ] Yes	1 [ ] Yes	3 [ ] MAR	4 [ ] COC	1 [ ] Yes 2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
drug so badly that you couldn't think of anything else?  2 [ ] No - Go to next experience	to next		5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9[]	10 [ ]		9 [ ]	10 [ ]

			HER	ОТН		HER	ОТН
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
(41) Have arguments with your spouse or		1 [ ] Yes	3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
partner or family or friends as a result of your medicine or drug use?  1 [ ] Yes  2 [ ] No - Go to next experience	to next	2 [ ] No -	5 [ ] STIM	6 [ ] CLB	1 [] Yes 2 [] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
	d	7 [ ] HAL	8 [ ] SOLV	ехреттепсе	7 [ ] HAL	8 [ ] SOLV	
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
( <b>42)</b> Continue to use a medicine or		1 [ ] Yes	3 [ ] MAR	4 [ ] COC		3 [ ] MAR	4 [ ] COC
drug even though it was causing you	1 [ ] Yes 2 [ ] No - Go to next experience	2 [ ] No -	5 [ ] STIM	, r 1	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
trouble with your family or friends?	ехретенее		7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(43) Get into physical fights while under the	1 [ ] Yes 2 [ ] No - <i>Go</i> to next	1 [ ] Yes 2 [ ] No - Mark "Yes"	1 [ ] SED		1 [ ] Yes 2 [ ] No - Go to next	1 [ ] SED	2 [ ] PAN

influence of a medicine or drug?	experience	in column d	3 [ ] MAR	4 [ ] COC	experience	3 [ ] MAR	4 [ ] COC
			5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(44) Have job or school troubles as a			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
result of your medicine or drug use-like missing too	llt of your licine or g use-like	1 [ ] Yes 2 [ ] No -	3 [ ] MAR	4 [ ] COC	1 [] Yes 2 [] No - Go to next experience	3 [ ] MAR	4 [ ] COC
much work, not doing your work well, being	1 [ ] Yes 2 [ ] No - Go to next experience		5 [ ] STIM	6 [ ] CLB		5 [ ] STIM	6 [ ] CLB
demoted or losing a job, or being suspended,	experience	d	7 [ ] HAL	8 [ ] SOLV	experience	7 [ ] HAL	8 [ ] SOLV
expelled or dropping out of school?			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(45) Continue to use a medicine or	1 [ ] Yes	1 [ ] Yes	1 [ ] SED	2 [ ] PAN	1 [ ] Yes	1 [ ] SED	2 [ ] PAN
drug even though it was 2 [ ] No to next	2 [ ] No - Go to next experience	2 [ ] No - Mark "Yes" in column d	3 [ ] MAR	4 [ ] COC	2 [ ] No - Go to next experience	3 [ ] MAR	4 [ ] COC
school or work?			5 [ ]	6[]		5 [ ]	6 [ ]

			STIM	CLB		STIM	CLB
			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
( <b>46</b> ) Have a period when your medicine or drug use or		3 [ ] MAR	4 [ ] COC	4 [ ] Vos	3 [ ] MAR	4 [ ] COC	
your being sick from medicine or drug use	rour being sick rom medicine or drug use	2 [ ] No - Mark "Yes" in column d	5 [ ] STIM	6 [ ] CLB	1 [ ] Yes 2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
often interfered with taking care of your home or family?			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV
			9 [ ] HER	10 [ ] OTH		9 [ ] HER	10 [ ] OTH
(47) More than once drive a			1 [ ] SED	2 [ ] PAN		1 [ ] SED	2 [ ] PAN
car, motorcycle, truck, boat, or	otorcycle, uck, boat, or her vehicle hen you were nder the fluence of a	2 [ ] No - Mark "Yes" in column	3 [ ] MAR	4 [ ] COC	1 [ ] Yes	3 [ ] MAR	4 [ ] COC
when you were under the influence of a			5 [ ] STIM	6 [ ] CLB	2 [ ] No - Go to next experience	5 [ ] STIM	6 [ ] CLB
medicine or drug?			7 [ ] HAL	8 [ ] SOLV		7 [ ] HAL	8 [ ] SOLV

	T					<b>-1</b> [	1		
				9 [ ] HER	10 [ ] OTH			9 [ ] HER	10 [ ] OTH
(48) Find yourself under the influence of a medicine or					2 [ ] PAN			1 [ ] SED	2 [ ] PAN
drug or feeling its aftereffects in situations that increased your chances of	V os	1 [ ] Yes	3 [ ] MAR	4 [ ] COC			3 [ ] MAR	4 [ ] COC	
that increased your chances of getting hurt-like swimming;	2 [ ] I to ne	[] No - Go to next experience	- Go 2 [] No - Mark "Yes"		6 [ ] CLB	1 [ ] Yes 2 [ ] No to next experie	- Go	5 [ ] STIM	6 [ ] CLB
using heavy machinery or equipment; or walking in a			d	7 [ ] HAL	8 [ ] SOLV			7 [ ] HAL	8 [ ] SOLV
dangerous area or around heavy traffic?				9 [ ] HER	10 [ ] OTH			9 [ ] HER	10 [ ] OTH
Check Item 3. A at least 2 boxes Box 1, (2 or 3), 4 marked "Yes" in column e?  1 [] Yes - see belo 2 [] No - SKIP to Clem 6  For [] 1 Mark corresponding category below cask 2 a-g for each marked category	in I-12 1a, w heck	experied with (Nate of categor) was a go, was ever a some of categor of the san experied categor of the san experi	ned some ence you had ame of drugen tis, and the second when these ences with of drugen time and the time and the second the time and the second the second the second the second the time and the second the time and the second the s	were time experience (Nan cate) happ same		FIRST f these with ug GAN to	LIFE sepa like these with cates happ the separations at lew when STOF (Nan	rate pe this did when se exper (Name gory) w ening a same tin eparate	any riods you some of iences of drug ere around me? ean ated by ear THER ing

	(PAUSE), on and off for a few months or longer (PAUSE) or within the same 1- year period?		(PAUSE) OR you didn't have any of the experiences you just mentioned with (Name of drug category).
1 [ ] Sedatives or Tranquilizers	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number
2 [ ] Painkillers	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number
3 [ ] Marijuana	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number
4 [ ] Cocaine or Crack	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number
5 [ ] Stimulants	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number
6 [ ] Club drugs	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number
7 [ ] Hallucinogens	1 [ ] Yes 2 [ ] No - SKIP to next drug category	Age	Number

8 [ ] Inhalants/	Solvents	1 [] Yes 2 [] No - SKIP to next drug category		Age		Number	
9 [ ] Heroin	2 [ ] N		es o - SKIP to next ategory	Age		Number	
10 [ ] Other			es o - SKIP to Item 6	Age		Number	
4. Is number in 2c, 2 or more or unknown?	d. In you ENTIRE what was LONGES period y had whe SOME of these experies with (No of drug category were happeniaround tame tire	LIFE as the T ou en ces ame y) ng the	the MOST	did this period last when some of these	<b>5.</b> Is a least	ed in .umn ms	g. About how old were you when you FINALLY STOPPED having these problems with (Name of drug category)? By finally stopped, I mean they never started happening again.
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s OR Year(s)	)	Age - Go to Check Item 5	Month(s)  OR  Year(s)		_	Age - SKIP to next drug category

1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s) OR Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s)  OR  Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s) OR Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s) OR Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s)  OR  Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category

1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s)  OR  Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s)  OR  Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s)  OR  Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
1 [ ] Yes 2 [ ] No - SKIP to 2f	Month(s)  OR  Year(s)	Age - Go to Check Item 5	Month(s)  OR  Year(s)	1 [ ] Yes - Go to next drug category 2 [ ] No	Age - SKIP to next drug category
Check Item 6. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column c for Sedatives/Tranquilizers?			1 [ ] Yes 2 [ ] No - SKIP to Check item 7		
3. You just mentioned SOME experiences you had with sedatives or tranquilizers in the last 12 months.		1 [ ] Yes 2 [ ] No			

<ul> <li>(a) When you had SOME of these experiences with sedatives or tranquilizers in the last 12 months, were you using them without a prescription?</li> <li>(b) During the last 12 months when you had some of these experiences with sedatives or tranquilizers, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?</li> </ul>	1 [ ] Yes 2 [ ] No
Check Item 7. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column e for sedatives/tranquilizers?	1 [ ] Yes 2 [ ] No - SKIP to Check item 8
4. You just mentioned SOME experience you had with sedatives or tranquilizers around the same time BEFORE 12 months ago, that is, BEFORE last (Month one year ago).	
<ul><li>(a) During ANY of these times when you had SOME of these experiences with sedatives or tranquilizers BEORE 12 months ago, were you using them without a prescription?</li><li>(b) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using sedatives or tranquilizers without a prescription?</li></ul>	1 [ ] Yes 2 [ ] No - SKIP to 4c 1 [ ] Yes 2 [ ] No - SKIP to Check Item 8 1 [ ] Yes 2 [ ] No - SKIP to Check Item 8
(c) During ANY of these times when you had SOME of those experiences with sedatives or tranquilizers BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	Z [ ] NO SIMI TO CHECK ITEM O

5. Did ALL of those times BEFORE 12 months ago ONLY happen when you were using sedatives or tranquilizers in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No
Check Item 8. Are at least 2 Boxes, Box 1, (2 or 3), 4-12 marked in 1a, column c for painkillers?	1 [ ] Yes 2 [ ] No - SKIP to Check Item 9
6. You just mentioned SOME experiences you had with painkillers in the last 12 months.	
<ul> <li>(a) When you had SOME of these experiences with painkillers in the last 12 months, were you using them without a prescription?</li> <li>(b) During the last 12 months when you had some of these experiences with painkillers, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or LONGER than prescribed or for a reason other than prescribed by a doctor?</li> </ul>	1 [ ] Yes 2 [ ] No 1 [ ] Yes 2 [ ] No
Check Item 9. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column e for painkillers?	1 [] Yes 2 [] No - SKIP to Check item 10
7. You just mentioned SOME experience you had with painkillers around the same time BEFORE 12 months ago, that is, BEFORE last (Month one year ago).  (d) During ANY of these times when you had SOME of these experiences with painkillers BEORE 12 months ago, were you using them without a prescription?	1 [ ] Yes  2 [ ] No - SKIP to 7c  1 [ ] Yes  2 [ ] No - SKIP to Check Item 10  1 [ ] Yes

(e) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using painkillers without a prescription?	2 [ ] No - SKIP to Check Item 10
(f) During ANY of these times when you had SOME of those experiences with painkillers BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	
8. Did ALL of those times BEFORE 12 months ago ONLY happen when you were using painkillers in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No
Check Item 10. Are at least 2 Boxes, Box 1, (2 or 3), 4-12 marked in 1a, column c for stimulants?	1 [ ] Yes 2 [ ] No - SKIP to Check Item 11
9. You just mentioned SOME experiences you had with stimulants in the last 12 months.	
<ul> <li>(c) When you had SOME of these experiences with stimulants in the last 12 months, were you using them without a prescription?</li> <li>(d) During the last 12 months when you had some of these experiences with stimulants, were you using them in LARGER AMOUNTS, MORE FREQUENTLY or</li> </ul>	1 [ ] Yes 2 [ ] No 1 [ ] Yes 2 [ ] No
LONGER than prescribed or for a reason other than prescribed by a doctor?  Check Item 11. Are at least 2 Boxes, Box 1, (2 or 3), 4-12, marked in 1a, column e	1 [ ] Yes

for stimulants?	2 [ ] No - SKIP to 12a
10. You just mentioned SOME experience you had with stimulants around the same time BEFORE 12 months ago, that is, BEFORE last (Month one year ago).  (g) During ANY of these times when you had SOME of these experiences with stimulants BEORE 12 months ago, were you using them without a prescription?  (h) Did ALL of these times BEFORE 12 months ago ONLY happen when you were using stimulants without a prescription?  (i) During ANY of these times when you had SOME of those experiences with stimulants BEFORE 12 months ago, were you using them in GREATER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [] Yes 2 [] No - SKIP to 10c 1 [] Yes 2 [] No - SKIP to 12a 1 [] Yes 2 [] No - SKIP to 12a
11. Did ALL of those times BEFORE 12 months ago ONLY happen when you were using stimulants in LARGER AMOUNTS, MORE FREQUENTLY, or LONGER than prescribed or for a reason other than prescribed by a doctor?	1 [ ] Yes 2 [ ] No - SKIP to 12a
12a. In the last 12 months, did you more than once get arrested, held at a police station or have any other legal problems because of your medicine or drug use?	1 [ ] Yes 2 [ ] No - <i>SKIP to 12c</i>
12b. During the last 12 months, which medicines or drugs did this happen with?  (SHOW FLASHCARD)	1 [ ] SED 2 [ ] PAN 3 [ ] MAR 4 [ ] COC

			1
	5 [ ] STIM	6 [ ] CLB	
	7 [ ] HAL	8 [ ] SOLV	
	9 [ ] HER	10 [ ] OTH	
12c. Did this happen before 12 months ago, that is before last (Month one year ago)?	1 [ ] Yes 2 [ ] No - SKIP to 1.	3a	
12d. Which medicines or drugs did this happen with before 12 months ago?	1 [ ] SED	2 [ ] PAN	
( <u>SHOW FLASHCARD</u> )	3 [ ] MAR	4 [ ] COC	
	5 [ ] STIM	6 [ ] CLB	
	7 [ ] HAL	8 [ ] SOLV	
	9 [ ] HER	10 [ ] OTH	
13a. In the last 12 months, did you use any medicine or drug to make you more alert or to enhance your mental performance, skills or abilities at work or in school?	1 [ ] Yes 2 [ ] No - SKIP to 1	3c	
13b. During the last 12 months, which medicines or drugs did this happen with?	1 [ ] SED	2 [ ] PAN	
( <u>SHOW FLASHCARD</u> )	3 [ ] MAR	4 [ ] COC	
	5 [ ] STIM	6 [ ] CLB	

	7 [ ] HAL	8 [ ] SOLV
	9 [ ] HER	10 [ ] OTH
13c. Did this happen before 12 months ago, that is before last (Month one year ago)?	1 [ ] Yes 2 [ ] No - <i>END QUES</i>	STIONS
13d. During the last 12 months, which medicines or drugs did this happen with?	1 [ ] SED	2 [ ] PAN
( <u>SHOW FLASHCARD</u> )	3 [ ] MAR	4 [ ] COC
	5 [ ] STIM	6 [ ] CLB
	7 [ ] HAL	8 [ ] SOLV
	9 [ ] HER	10 [ ] OTH

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