

## 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.

### Instructions

1. This is not a test, so there are no right or wrong answers; we would like you to work fairly quickly, so that you can finish.
2. All of the questions should be answered by marking one of the answer spaces. If you don't always find an answer that fits exactly, use the one that comes closest. If any question does not apply to you, or you are not sure of what it means, just leave it blank.

The following questions are about **SMOKING CIGARETTES** that contain tobacco.

1. **Have you ever smoked cigarettes?** (Mark only one circle.)

- 1  Never - GO TO QUESTION 3
- 2  Once or twice
- 3  Occasionally but not regularly
- 4  Regularly in the past
- 5  Regularly now

2. **How frequently have you smoked cigarettes during the past 30 days?**

- 1  Not at all
- 2  Less than one cigarette per day
- 3  One to five cigarettes per day
- 4  About one-half pack per day
- 5  About one pack per day
- 6  About one and one-half packs per day
- 7  Two packs or more per day

3. **Have you ever taken or used smokeless tobacco (snuff, plug, dipping tobacco, chewing tobacco, snus, dissolvable tobacco)?**

- 1  Never - Go to Question 5
- 2  Once or twice
- 3  Occasionally but not regularly
- 4  Regularly in the past

5  Regularly now

4. How frequently have you taken smokeless tobacco during the past 30 days?

- 1  Not at all
- 2  Once or twice
- 3  Once or twice per week
- 4  Three to five times per week
- 5  About once a day
- 6  More than once a day

5. Next we want to ask you about drinking alcoholic beverages, including beer, wine, liquor, and any other beverage that contains alcohol. Have you ever had any alcoholic beverage to drink-more than just a few sips?

- 1  No - Go to Question 7
- 2  Yes

6. On how many occasions have you had alcohol beverages to drink-more than just a few sips . . . (Mark one circle for each line.)

a. In your lifetime?

- 1  0 Occasions
- 2  1-2 Occasions
- 3  3-5 Occasions
- 4  6-9 Occasions
- 5  10-19 Occasions
- 6  20-39 Occasions
- 7  40 or More

b. During the last 12 months?

- 1  0 Occasions
- 2  1-2 Occasions
- 3  3-5 Occasions
- 4  6-9 Occasions
- 5  10-19 Occasions
- 6  20-39 Occasions
- 7  40 or More

c. During the last 30 days?

- 1  0 Occasions
- 2  1-2 Occasions
- 3  3-5 Occasions
- 4  6-9 Occasions
- 5  10-19 Occasions
- 6  20-39 Occasions
- 7  40 or More

7. Think back over the LAST TWO WEEKS. How many times have you had five or more drinks in a row? (A "drink" is a glass of wine, a bottle of beer, a shot glass or liquor, a mixed drink, etc.)

- 1  None
- 2  Once
- 3  Twice
- 4  Three to five times
- 5  Six to nine times
- 6  Ten or more times

The next major section of this questionnaire deals with various other drugs. There is a lot of talk about this subject, but not enough accurate information. Therefore, we still have a lot to learn about the actual experiences and attitudes of people your age.

We hope that you can answer all of the questions, but if you find one that you feel you cannot answer honestly, just leave it blank. Remember that your answers will be kept strictly confidential; they are never connected with your name or your class.

8. On how many occasions (if any) have you used marijuana (weed, pot) or hashish (hash, hash oil) . . . (Mark one circle for each line.)

- a. In your lifetime?

- 1  0 Occasions
- 2  1-2 Occasions
- 3  3-5 Occasions
- 4  6-9 Occasions
- 5  10-19 Occasions
- 6  20-39 Occasions
- 7  40 or More

- b. During the last 12 months?

- 1  0 Occasions
- 2  1-2 Occasions
- 3  3-5 Occasions
- 4  6-9 Occasions
- 5  10-19 Occasions
- 6  20-39 Occasions
- 7  40 or More

- c. During the last 30 days?

- 1  0 Occasions
- 2  1-2 Occasions
- 3  3-5 Occasions
- 4  6-9 Occasions
- 5  10-19 Occasions
- 6  20-39 Occasions
- 7  40 or More

9. On how many occasions (if any) have you used LSD ("acid") . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

10. On how many occasions (if any) have you used hallucinogens other than LSD (like mescaline, peyote, "shrooms" or psilocybin, PCP) . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

11. On how many occasions (if any) have you used cocaine (sometimes called "coke," "crack," "rock") . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

12. On how many occasions (if any) have you used "crack" cocaine . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39

7 [ ] 40+

b. During the last 12 months?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

c. During the last 30 days?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

13. On how many occasions (if any) have you used cocaine in any other form . . .

a. In your lifetime?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

b. During the last 12 months?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

c. During the last 30 days?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

14. Amphetamines and other stimulant drugs are sometimes prescribed by doctors for people who have trouble paying attention, are hyperactive, have ADHD, or have trouble staying awake. They are sometimes called uppers, ups, pep pills, and include drugs like Adderall and Ritalin. Drugstores are not supposed to sell them without a prescription from a doctor. They do NOT include any nonprescription drugs, such as over-the-counter diet pills or stay-awake pills. On how many occasions (if any) have you taken amphetamines or other prescription stimulant drugs on your own-that is, without a doctor telling you to take them . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

15. On how many occasions (if any) have you used methamphetamine (meth, speed, crank, crystal meth) by any method . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

16. On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth ("ice") . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

17. Sedatives, including barbiturates, are sometimes prescribed by doctors to help people relax or get to sleep. They are sometimes called downs or downers, and



include phenobarbital, Ambien, Lunesta, and Sonata. On how many occasions (if any) have you taken sedatives on your own-that is, without a doctor telling you to take them . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

18. Tranquilizers are sometimes prescribed by doctors to calm people down, quiet their nerves, or relax their muscles. Librium, Valium, and Xanax are all tranquilizers. On how many occasions (if any) have you taken tranquilizers on your own-that is, without a doctor telling you to take them . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2

- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

19. On how many occasions (if any) have you used heroin . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

20. On how many occasions (if any) have you taken heroin using a needle . . .

a. In your lifetime?

- 1  0

- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

21. On how many occasions (if any) have you taken heroin WITHOUT using a needle . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2

- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

22. There are a number of narcotics other than heroin, such as methadone, opium, morphine, codeine, Demerol, Vicodin, OxyContin, and Percocet. These are sometimes prescribed by doctors. On how many occasions (if any) have you taken narcotics other than heroin on your own-that is, without a doctor telling you to take them . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

23. On how many occasions (if any) have you sniffed glue or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high...

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39

7 [ ] 40+

b. During the last 12 months?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

c. During the last 30 days?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

24. Anabolic steroids are prescription drugs sometimes prescribed by doctors to treat certain conditions. Some athletes, and others, have used them to try to increase muscle development.

On how many occasions (if any) have you taken steroids on your own-that is, without a doctor telling you to take them . . .

a. In your lifetime?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

b. During the last 12 months?

1 [ ] 0

2 [ ] 1-2

3 [ ] 3-5

4 [ ] 6-9

5 [ ] 10-19

6 [ ] 20-39

7 [ ] 40+

c. During the last 30 days?

1 [ ] 0

2 [ ] 1-2

- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

On how many occasions (if any) have you used MDMA ("Molly," "ecstasy") . . .

a. In your lifetime?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. During the last 12 months?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. During the last 30 days?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

Lately there has been some attention paid to certain drugs.

25. During the LAST 12 MONTHS, on how many occasions (if any) have you . . .

a. Taken GHB ("liquid G," "grievous bodily harm")?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

b. Taken ketamine ("special K," "super K")?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

c. Taken "andro" (androstenedione, nonprescription steroid)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

d. Taken creatine (amino acid used to build muscle)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

e. Taken human growth hormone (HGH) (without a doctor's orders)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

f. Taken Ritalin® (without a doctor's orders)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

g. Taken Adderall® (without a doctor's orders)?

- 1  0
- 2  1-2
- 3  3-5

- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

h. Taken OxyContin® (without a doctor's orders)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

i. Taken Vicodin® (without a doctor's orders)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

j. Taken Rohypnol ("rophies," "roofies")?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

k. Taken a nonprescription cough or cold medicine ("robos," "DXM," etc.) to get high?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

l. Taken Salvia?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19



6 [ ] 20-39  
7 [ ] 40+

m. Taken "synthetic marijuana" ("K2," "Spice") to get high?

1 [ ] 0  
2 [ ] 1-2  
3 [ ] 3-5  
4 [ ] 6-9  
5 [ ] 10-19  
6 [ ] 20-39  
7 [ ] 40+

n. Taken "bath salts" (synthetic stimulants) to get high?

1 [ ] 0  
2 [ ] 1-2  
3 [ ] 3-5  
4 [ ] 6-9  
5 [ ] 10-19  
6 [ ] 20-39  
7 [ ] 40+

o. Had an alcoholic beverage mixed with an energy drink (like Red Bull)?

1 [ ] 0  
2 [ ] 1-2  
3 [ ] 3-5  
4 [ ] 6-9  
5 [ ] 10-19  
6 [ ] 20-39  
7 [ ] 40+

p. Used dissolvable tobacco products (Ariva, Stonewall, Orbs)?

1 [ ] 0  
2 [ ] 1-2  
3 [ ] 3-5  
4 [ ] 6-9  
5 [ ] 10-19  
6 [ ] 20-39  
7 [ ] 40+

q. Used snus (a small packet of tobacco that is put in the mouth)?

1 [ ] 0  
2 [ ] 1-2  
3 [ ] 3-5  
4 [ ] 6-9  
5 [ ] 10-19  
6 [ ] 20-39  
7 [ ] 40+

r. Smoked small cigars?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

s. Smoked tobacco using a hookah (water pipe)?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

t. Used hash oil or "honey oil"?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

u. Taken Flakka ("gravel")?

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

v. Had powdered alcohol

- 1  0
- 2  1-2
- 3  3-5
- 4  6-9
- 5  10-19
- 6  20-39
- 7  40+

26. The next questions are about drugs that doctors sometimes prescribe for people who have problems concentrating on one task at a time (attention deficit disorder), or with being too active or too disruptive (hyperactive), or both (ADHD).

**Stimulant-type** drugs (i.e., amphetamine, methylphenidate, and pemoline) are prescribed for these conditions. These drugs include Ritalin®, Adderall®, Concerta®, Metadate®, Dexedrine®, Focalin®, Vyvanse®, and others.

Have you ever taken any of these stimulant-type prescription drugs under a doctor's supervision for these conditions? [Do not count drugs that are not stimulant-type, like Strattera®, Wellbutrin®, Provigil®, Tenex®, Intuniv, or Catapres.]

- 1  No
- 2  Yes, in the past, but not now
- 3  Yes, I take them now

27. Have you ever taken a **non-stimulant-type** prescription drug under a doctor's supervision for these conditions? (like Strattera®, Wellbutrin®, Provigil®, Tenex®, Intuniv, or Catapres)

- 1  No
- 2  Yes, in the past, but not now
- 3  Yes, I take them now
- 8  Don't know

28. Electronic vaporizers make a mist that is inhaled and have the feel of cigarette smoking. Examples include e-cigarettes and e-pens. Have you ever used an electronic vaporizer such as an e-cigarette?

- 1  Never
- 2  Once or twice
- 3  Occasionally but not regularly
- 4  Regularly in the past
- 5  Regularly now

29. During the **LAST 30 DAYS**, on how many days (if any) have you used an electronic vaporizer such as an e-cigarette?

- 1  None
- 2  1-2 days
- 3  3-5 days
- 4  6-9 days
- 5  10-19 days
- 6  20-30 days

30. During the **LAST 30 DAYS**, on how many days (if any) have you . . . used electronic cigarettes (e-cigarettes)?

- 1  None
- 2  1-2 days
- 3  3-5 days
- 4  6-9 days
- 5  10-19 days
- 6  20-30 days

