

FORM **HIS-3 (1991)**
(10-1-90)

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS
ACTING AS COLLECTING AGENT FOR THE
U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
U.S. PUBLIC HEALTH SERVICE

**NATIONAL HEALTH
INTERVIEW SURVEY**

**1991 SELF-ENUMERATION
SUPPLEMENT**

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RT 91
3-7
8

1. Book ____ of
____ books

2. R.O. No.	9-10	3. Sample	11-13	4. Control number	PSU 14-16	Segment 17-23	Serial 24-25
5. Family number	26	6. Sample person number	27-28	7. Field Representative's code	29-31		

INTRODUCTION

This questionnaire obtains information that will be extremely useful in understanding one of the country's major health issues. However, some of the questions may be considered personal; for that reason we are asking that you complete this questionnaire yourself. If you need any assistance, please ask me for help.

FOR OFFICE USE ONLY			
FS	32	IM	33

The first few questions are about drinking alcoholic beverages. Included are beer, wine, and liquor such as whiskey or gin, and any other type of alcoholic beverage. Please put an "X" in the box next to the answer that fits you best or write in your answer on the line.

RT 92
3-4

1. Have you had at least one drink of beer, wine, or liquor in your entire life? 5

1 Yes
2 No

2. In how many months out of the past 12 months did you drink beer, wine, or liquor? 6-7

Number of months I drank beer, wine, or liquor in the past 12 months: _____ Months

00 I did not drink beer, wine, or liquor in the past 12 months.
98 I HAVE NEVER drunk beer, wine, or liquor; not even once.

3. During the months that you drank beer, wine, or liquor in the past 12 months, about how often did you drink on average? 8

1 Every day
2 5 or 6 days each week
3 3 or 4 days each week
4 1 or 2 days each week
5 1 to 3 days a MONTH
6 I did not drink beer, wine, or liquor in the past 12 months
8 I HAVE NEVER drunk beer, wine, or liquor; not even once

4. On the days that you drank beer, wine, or liquor in the past 12 months, about how many drinks per day did you drink? 9-10

Number of drinks per day in the past 12 months: _____ Drinks per day

00 I did not drink beer, wine, or liquor in the past 12 months
98 I HAVE NEVER drunk beer, wine, or liquor; not even once

5. During the past 12 months, what is the largest number of drinks of beer, wine, or liquor that you drank in a single day? 11-12

Number of drinks: _____

00 I did not drink beer, wine, or liquor in the past 12 months
98 I HAVE NEVER drunk beer, wine, or liquor; not even once

6. About how often did you drink that amount in the past 12 months? 13-14

01 Every day
02 Nearly every day
03 3-4 days per week
04 1-2 days per week
05 2-3 days per month
06 Once a month
07 7-11 days in the past 12 months
08 3-6 days in the past 12 months
09 2 days in the past 12 months
10 1 day in the past 12 months
11 None in the past 12 months
98 I HAVE NEVER drunk beer, wine, or liquor; not even once.

Notes

The next few questions are about your use of some drugs and medications. Please mark the "Yes" or "No" boxes to indicate if you have or have not used the drugs in the lists.

IN YOUR ENTIRE LIFE, have you ever used —

- 1 Yes No 15
- 2 Yes No

- 7. Sedatives, such as barbiturates, sleeping pills, and Seconal ("downers")? 2 No
- 8. Sedatives, such as barbiturates, sleeping pills, and Seconal ("downers") WITHOUT a doctor telling you to? 1 Yes No 16
- 9. Tranquilizers, such as Librium, Valium, and Xanax? 1 Yes No 17
- 10. Tranquilizers, such as Librium, Valium, and Xanax WITHOUT a doctor telling you to? 2 No 18
- 11. Stimulants, such as amphetamines, Preludin, uppers, and speed? 1 Yes No 19
- 12. Stimulants, such as amphetamines, Preludin, uppers, and speed WITHOUT a doctor telling you to? 2 No 20
- 13. Pain killers, such as Darvon, Demerol, Percodan, and Tylenol with codeine? 1 Yes No 21
- 14. Pain killers, such as Darvon, Demerol, Percodan, and Tylenol with codeine WITHOUT a doctor telling you to? 2 No 22

**NOW THINK ABOUT THE PAST 12 MONTHS.
DURING THOSE 12 MONTHS, have you used —**

- 1 Yes No 23
- 2 Yes No

- 15. Sedatives, such as barbiturates, sleeping pills, and Seconal ("downers")? 2 No
- 16. Sedatives, such as barbiturates, sleeping pills, and Seconal ("downers") WITHOUT a doctor telling you to? 1 Yes No 24
- 17. Tranquilizers, such as Librium, Valium, and Xanax? 1 Yes No 25
- 18. Tranquilizers, such as Librium, Valium, and Xanax WITHOUT a doctor telling you to? 2 No 26
- 19. Stimulants, such as amphetamines, Preludin, uppers, and speed? 1 Yes No 27
- 20. Stimulants, such as amphetamines, Preludin, uppers, and speed WITHOUT a doctor telling you to? 2 No 28
- 21. Pain killers, such as Darvon, Demerol, Percodan, and Tylenol with codeine? 1 Yes No 29
- 22. Pain killers, such as Darvon, Demerol, Percodan, and Tylenol with codeine WITHOUT a doctor telling you to? 2 No 30

IN YOUR ENTIRE LIFE, have you ever used —

- 1 Yes No 31
- 2 Yes No

- 23. Inhalants, such as glue, amyl nitrite, poppers, and aerosol sprays? 2 No
- 24. Hallucinogens, such as LSD, PCP, peyote, and mescaline? 1 Yes No 32
- 25. Heroin? 1 Yes No 33

NOW, THINK ABOUT THE PAST 12 MONTHS.

DURING THOSE 12 MONTHS, have you used —

26. Inhalants, such as glue, amyl nitrite, poppers, and aerosol sprays? 1 Yes **34**
2 No
27. Hallucinogens, such as LSD, PCP, peyote, and mescaline? 1 Yes **35**
2 No
28. Heroin? 1 Yes **36**
2 No

In the following set of questions, "marijuana" refers to both marijuana and hashish (hash). Hashish is a concentrated form of marijuana. Please put an "X" in the box next to the answer that fits you best or write in your answer on the line.

29. About how old were you the first time you used marijuana, even once? **37-38**

Age when I first used marijuana: _____ Years
00 I HAVE NEVER used marijuana, not even once

30. About how many times in your life have you used marijuana? **39**

- 0 1 or 2 times
1 3 to 5 times
2 6 to 10 times
3 11 to 49 times
4 50 to 99 times
5 100 to 199 times
6 200 or more times
8 I HAVE NEVER used marijuana, not even once

31. When was the most recent time that you used marijuana? **40**

- 1 Within the past week (7 days)
2 More than 1 week but less than 1 month (30 days) ago
3 1 or more months ago but less than 1 year ago
4 1 or more years ago
8 I HAVE NEVER used marijuana, not even once

32. In how many months out of the past 12 months did you use marijuana? **41-42**

Number of months I have used marijuana in the past 12 months: _____ Months
00 I did not use marijuana in the past 12 months.
98 I HAVE NEVER used marijuana, not even once

33. During the months that you used marijuana in the past 12 months, about how often did you use it on average? **43**

- 1 Every day
2 5 or 6 days each week
3 3 or 4 days each week
4 1 or 2 days each week
5 1 to 3 days a MONTH
6 I did not use marijuana in the past 12 months
8 I HAVE NEVER used marijuana, not even once

34. On the days that you used marijuana in the past 12 months, about how many times per day did you use it? **44-55**

Number of times per day I used marijuana in the past 12 months: _____ Times
00 I did not use marijuana in the past 12 months
98 I HAVE NEVER used marijuana, not even once

**IF YOU HAVE NEVER USED
MARIJUANA,
NOT EVEN ONCE,
GO TO QUESTION 73
ON PAGE 9.**

**IF YOU HAVE USED MARIJUANA
AT LEAST ONE TIME IN YOUR LIFE,
CONTINUE WITH QUESTION 35
ON THE NEXT PAGE.**

Please mark the "Yes" or "No" boxes to indicate if the following things have or have not ever happened to you **IN YOUR ENTIRE LIFE**. Mark "Yes" even if something only happened once in your entire life.

IN YOUR ENTIRE LIFE, have you ever —

- | | | |
|---|--------------------------------|-----------|
| | 1 <input type="checkbox"/> Yes | 46 |
| 35. Ended up using marijuana more often than you thought you would? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 47 |
| 36. Tried to cut down or stop using marijuana but found that you couldn't? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 48 |
| 37. Used marijuana every day for two weeks or more? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 49 |
| 38. Been high on marijuana while you were at work or at school? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 50 |
| 39. Been high on marijuana while you were at home taking care of your home or family? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 51 |
| 40. Skipped going to work or school because you were high on marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 52 |
| 41. Had problems with work, school, or with the police because of using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 53 |
| 42. Continued to use marijuana even when you knew it was causing you problems with work, school, or with the police? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 54 |
| 43. Failed to take care of your home or family because you were high on marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 55 |
| 44. Had problems with your family or friends because of using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 56 |
| 45. Continued to use marijuana even when you knew it was causing you problems with your family or friends? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 57 |
| 46. Driven a car or other vehicle within 3 hours after using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 58 |
| 47. Spent less time on activities that used to be important to you — like playing sports, hobbies, or other interests — so that you could use marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 59 |
| 48. Felt depressed, anxious, or uninterested in things because of using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 60 |
| 49. Continued to use marijuana even though you knew it made you feel depressed, anxious, or uninterested in things? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 61 |
| 50. Built up a tolerance to marijuana so that the same amount of marijuana had less effect than before? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 62 |
| 51. Felt sick or irritable because you stopped or cut down on your marijuana use? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 63 |
| 52. Used alcohol or drugs because you felt sick or irritable when you stopped or cut down on your marijuana use? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 64 |
| 53. Gone to a self-help group, counselor, doctor, or other professional to get help because of your marijuana use? | 2 <input type="checkbox"/> No | |

**IF YOU HAVE NOT USED MARIJUANA
DURING THE PAST 12 MONTHS,
NOT EVEN ONCE,
GO TO QUESTION 73 ON PAGE 9.**

**IF YOU HAVE USED MARIJUANA
AT LEAST ONE TIME DURING
THE PAST 12 MONTHS,
CONTINUE WITH QUESTION 54
ON THE NEXT PAGE.**

In the next set of questions, please mark the "Yes" or "No" boxes to indicate if the following things have or have not happened to you DURING THE PAST 12 MONTHS. Mark "Yes" even if something only happened once during the past 12 months.

DURING THE PAST 12 MONTHS, have you —

- | | | |
|---|--------------------------------|----|
| | 1 <input type="checkbox"/> Yes | 65 |
| 54. Ended up using marijuana more often than you thought you would? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 66 |
| 55. Tried to cut down or stop using marijuana but found that you couldn't? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 67 |
| 56. Used marijuana every day for two weeks or more? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 68 |
| 57. Been high on marijuana while you were at work or at school? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 69 |
| 58. Been high on marijuana while you were at home taking care of your home or family? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 70 |
| 59. Skipped going to work or school because you were high on marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 71 |
| 60. Had problems with work, school, or with the police because of using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 72 |
| 61. Continued to use marijuana even when you knew it was causing you problems with work, school, or with the police? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 73 |
| 62. Failed to take care of your home or family because you were high on marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 74 |
| 63. Had problems with your family or friends because of using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 75 |
| 64. Continued to use marijuana even when you knew it was causing you problems with your family or friends? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 76 |
| 65. Driven a car or other vehicle within 3 hours after using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 77 |
| 66. Spent less time on activities that used to be important to you — like playing sports, hobbies, or other interests — so that you could use marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 78 |
| 67. Felt depressed, anxious, or uninterested in things because of using marijuana? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 79 |
| 68. Continued to use marijuana even though you knew it made you feel depressed, anxious, or uninterested in things? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 80 |
| 69. Built up a tolerance to marijuana so that the same amount of marijuana had less effect than before? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 81 |
| 70. Felt sick or irritable because you stopped or cut down on your marijuana use? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 82 |
| 71. Used alcohol or drugs because you felt sick or irritable when you stopped or cut down on your marijuana use? | 2 <input type="checkbox"/> No | |
| | 1 <input type="checkbox"/> Yes | 83 |
| 72. Gone to a self-help group, counselor, doctor, or other professional to get help because of your marijuana use? | 2 <input type="checkbox"/> No | |

The next set of questions are about cocaine. This includes powder cocaine, crack cocaine, free base, and coca paste. Again, please answer every question — even if you've never used cocaine. Please put an "X" in the box next to the answer that fits you best or write in your answer on the line.

RT 93
3-4

73. About how old were you the first time you used cocaine, even once?

5-6

Age when I first used cocaine: _____ Years

00 I HAVE NEVER used cocaine, not even once

74. About how many times in your life have you used cocaine?

7

- 0 1 or 2 times
1 3 to 5 times
2 6 to 10 times
3 11 to 49 times
4 50 to 99 times
5 100 to 199 times
6 200 or more times
8 I HAVE NEVER used cocaine, not even once

75. When was the most recent time that you used cocaine?

8

- 1 Within the past week (7 days)
2 More than 1 week but less than 1 month (30 days) ago
3 1 or more months ago but less than 1 year ago
4 1 or more years ago
8 I HAVE NEVER used cocaine, not even once

76. In how many months out of the past 12 months did you use cocaine?

9-10

Number of months I have used cocaine in the past 12 months: _____ Months

- 00 I did not use cocaine in the past 12 months
98 I HAVE NEVER used cocaine, not even once

77. During the months that you used cocaine in the past 12 months, about how often did you use it on average?

11

- 1 Every day
2 5 or 6 days each week
3 3 or 4 days each week
4 1 or 2 days each week
5 1 to 3 days a MONTH
6 I did not use cocaine in the past 12 months
8 I HAVE NEVER used cocaine, not even once

78. On the days that you used cocaine in the past 12 months, about how many times per day did you use it?

12-13

Number of times per day I used cocaine in the past 12 months: _____ Times

- 00 I did not use cocaine in the past 12 months
98 I HAVE NEVER used cocaine, not even once

79. Please put an "X" in the box next to each of the ways you have used cocaine in the past 12 months.

14

- 1 Sniffing through the nose (snorting)
2 Swallowing or drinking
3 Injecting in a vein or muscle with a needle
4 Smoking or free basing
5 Some other way — *Specify* _____
6 I did not use cocaine in the past 12 months
8 I HAVE NEVER used cocaine, not even once

80. When was the most recent time you used the form of cocaine known as "crack"?

- 1 Within the past week (7 days)
- 2 More than 1 week but less than 1 month (30 days) ago
- 3 1 or more months ago but less than 1 year ago
- 4 1 or more years ago
- 5 I HAVE NEVER used crack, not even once
- 8 I HAVE NEVER used cocaine, not even once

Notes

**IF YOU HAVE NEVER USED COCAINE,
NOT EVEN ONCE,
PLEASE TURN TO QUESTION 123
ON PAGE 15.**

**IF YOU HAVE USED COCAINE
AT LEAST ONE TIME IN YOUR LIFE,
CONTINUE WITH QUESTION 81
ON THE NEXT PAGE.**

Please mark the "Yes" or "No" boxes to indicate if the following things have or have not ever happened to you **IN YOUR ENTIRE LIFE**. Mark "Yes" even if something only happened once in your entire life.

IN YOUR ENTIRE LIFE, have you ever —

81. Ended up using cocaine more often than you thought you would?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	16
82. Tried to cut down or stop using cocaine but found that you couldn't?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	17
83. Used cocaine every day for two weeks or more?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	18
84. Been high on cocaine or feeling its after effects while you were at work or at school?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	19
85. Been high on cocaine or feeling its after effects while you were at home taking care of your home or family?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	20
86. Skipped going to work or school because you were high on cocaine or feeling its after effects?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	21
87. Had problems with work, school, or with the police because of using cocaine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	22
88. Continued to use cocaine even when you knew it was causing you problems with work, school, or with the police?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	23
89. Failed to take care of your home or family because you were high on cocaine or feeling its after effects?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	24
90. Had problems with your family or friends because of using cocaine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	25
91. Continued to use cocaine even when you knew it was causing you problems with your family or friends?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	26
92. Driven a car or other vehicle within 1 hour after using cocaine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	27
93. Spent less time on activities that used to be important to you — like playing sports, hobbies, or other interests — so that you could use cocaine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	28
94. Had health problems caused by using cocaine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	29
95. Continued to use cocaine even though you knew it was causing you health problems?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	30
96. Felt depressed or uninterested in things, or suspicious or distrustful of people because of using cocaine?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	31
97. Continued to use cocaine even though you knew it made you feel depressed or uninterested in things, or suspicious or distrustful of people?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	32
98. Built up a tolerance to cocaine so that the same amount of cocaine had less effect than before?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	33
99. Felt sick or irritable because you stopped or cut down on your cocaine use?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	34
100. Used alcohol or drugs because you felt sick or irritable when you stopped or cut down on your cocaine use?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	35
101. Gone to a self-help group, counselor, doctor, or other professional to get help because of your cocaine use?	1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No	36

**IF YOU HAVE NOT USED COCAINE
DURING THE PAST 12 MONTHS,
NOT EVEN ONCE,
PLEASE TURN TO QUESTION 123
ON PAGE 15.**

**IF YOU HAVE USED COCAINE
AT LEAST ONE TIME
DURING THE PAST 12 MONTHS,
CONTINUE WITH QUESTION 102
ON THE NEXT PAGE.**

In the next set of questions, please mark the "Yes" or "No" boxes to indicate if the following things have or have not happened to you DURING THE PAST 12 MONTHS. Mark "Yes" even if something only happened once during the past 12 months.

DURING THE PAST 12 MONTHS, have you —		
		1 <input type="checkbox"/> Yes 37
102. Ended up using cocaine more often than you thought you would?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 38
103. Tried to cut down or stop using cocaine but found that you couldn't?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 39
104. Used cocaine every day for two weeks or more?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 40
105. Been high on cocaine or feeling its after effects while you were at work or at school?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 41
106. Been high on cocaine or feeling its after effects while you were at home taking care of your home or family?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 42
107. Skipped going to work or school because you were high on cocaine or feeling its after effects?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 43
108. Had problems with work, school, or with the police because of using cocaine?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 44
109. Continued to use cocaine even when you knew it was causing you problems with work, school, or with the police?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 45
110. Failed to take care of your home or family because you were high on cocaine or feeling its after effects?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 46
111. Had problems with your family or friends because of using cocaine?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 47
112. Continued to use cocaine even when you knew it was causing you problems with your family or friends?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 48
113. Driven a car or other vehicle within 1 hour after using cocaine?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 49
114. Spent less time on activities that used to be important to you — like playing sports, hobbies, or other interests — so that you could use cocaine?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 50
115. Had health problems caused by using cocaine?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 51
116. Continued to use cocaine even when you knew it was causing you health problems?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 52
117. Felt depressed, anxious, or uninterested in things, or suspicious or distrustful of people because of using cocaine?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 53
118. Continued to use cocaine even though you knew it made you feel depressed, anxious, or uninterested in things, or suspicious or distrustful of people?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 54
119. Built up a tolerance to cocaine so that the same amount of cocaine had less effect than before?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 55
120. Felt sick or irritable because you stopped or cut down on your cocaine use?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 56
121. Used alcohol or drugs because you felt sick or irritable when you stopped or cut down on your cocaine use?		2 <input type="checkbox"/> No
		1 <input type="checkbox"/> Yes 57
122. Gone to a self-help group, counselor, doctor, or other professional to get help because of your cocaine use?		2 <input type="checkbox"/> No

