### **ICPSR 33444**

Center for Education and Drug Abuse Research (CEDAR): Etiological and Prospective Family Study in Southwestern Pennsylvania, Baseline Data, 1990-2011

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Substance Use Questionnaire - Stop, Data Collection Instrument

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#### SUBSTANCE USE QUESTIONNAIRE – STOP

File name: CEDAR\_substance\_use\_questionnaire\_stop\_ic.sav

Done by: Index Case Only

Source: Center for Education and Drug Abuse Research (CEDAR) (unpublished). University of Pittsburgh.

<u>COLUMN</u> <u>QUESTION TEXT</u>

ID SUBJECT\_ID

VISIT VISIT

ASSID ASSESSMENT ID

How many days subject used the drug listed in SUQ\_DRUG during the past six months

SUBJECT WILL COMPLETE FOR EACH DRUG SELECTED IN SUQ-DRUG

PREFER 1 = 1ST PREFERRED DRUG

2 = 2ND PREFERRED DRUG 3 = 3RD PREFERRED DRUG

DRUG\_CODE -2 = NO DRUGS

1 - 40 = DRUG USED (SEE SUQ\_DRUG LIST)

FREQUENCY 1 = At least once a day

2 =Once every other day

3 =Once a week

4 = Once every two weeks

5 =Once a month

6 = Three times only in last six months 7 = Twice only the past six months 8 = Once only the past six months 9 = Never in the past six months

-2 = N/A

When using the drug, what most often caused you to stop? Check all that apply

0 = NO 1 = YES

SLEEPY I got sleepy

PEOPLE Other people stopped me NODRUG There was no drug left PHYSICAL I got bad physical affects MENTAL I got bad mental affects

QUILTY I felt guilty
NERVOUS I got very nervous

NOTKNOW I don't know why I stopped

DEATH Fear of death

OVERDOSE Overdose or fear of overdose FRIEND Friend said I was doing too much

BRAIN Fear of brain damage REASON None of the above reasons

REASON Text field REASON Text field

When you take this drug, do you take it when alone or when with friends?

TAKE\_WITH 1 = Usually take it alone

2 = Usually take it with friends