

ICPSR 34296

**Older Drug Users: A Life Course  
Study of Turning Points in Drug  
Use [in a large Southeastern  
Metropolitan Area], 2009-2010**

Miriam Boeri  
*Kennesaw State University*

Thor Whalen  
*Kennesaw State University*

Questionnaire: Substance Use -- By Year

# Terms of Use

The terms of use for this study can be found at:  
<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/34296/terms>

## Information about Copyrighted Content

Some instruments administered as part of this study may contain in whole or substantially in part contents from copyrighted instruments. Reproductions of the instruments are provided as documentation for the analysis of the data associated with this collection. Restrictions on "fair use" apply to all copyrighted content. More information about the reproduction of copyrighted works by educators and librarians is available from the United States Copyright Office.

### NOTICE

#### WARNING CONCERNING COPYRIGHT RESTRICTIONS

The copyright law of the United States (Title 17, United States Code) governs the making of photocopies or other reproductions of copyrighted material. Under certain conditions specified in the law, libraries and archives are authorized to furnish a photocopy or other reproduction. One of these specified conditions is that the photocopy or reproduction is not to be "used for any purpose other than private study, scholarship, or research." If a user makes a request for, or later uses, a photocopy or reproduction for purposes in excess of "fair use," that user may be liable for copyright infringement.

{YEAR}

## Interview Number and Year

Interview Number

---

Year

---

## Drug Use

During this year, did you use any of the following drugs?

- Tobacco
- Alcohol
- Marijuana
- Hallucinogens/LSD/Ecstasy/Club drugs
- Prescription Pills
- Cocaine
- Crack
- Heroin
- Amphetamines
- Methamphetamine

## Tobacco Use Questions

How did you use tobacco this year?

- Oral
- Nasal
- Inject
- Smoke
- Other

How often did you use tobacco this year?

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

Did you have any treatment for tobacco use this year?

- Yes
- No

If yes, what type of treatment did you have?

- Any type of 12-step program

- Outpatient program*
- Residential program*
- Detoxification in a hospital or clinic*
- Don't know*
- Other*

*Other (specify)*

---

---

## Alcohol Use Questions

### How did you use alcohol this year?

- Oral*
- Nasal*
- Inject*
- Smoke*
- Other*

### How often did you use alcohol this year?

- Several times a day (3 or more times daily)*
- About once a day (1-2 times daily)*
- Several times a week (3 or more times weekly)*
- About once a week (1-2 times weekly)*
- Several times a month (3 or more times monthly)*
- About once a month (1-2 times monthly)*
- Less than once a month (3-11 times yearly)*

*Comments:*

---

### Did you have any treatment for alcohol use this year?

- Yes*
- No*

### If yes, what type of treatment did you have?

- Any type of 12-step program*
- Outpatient program*
- Residential program*
- Detoxification in a hospital or clinic*
- Don't know*
- Other*

*Other (specify)*

---

---

## Marijuana Use Questions

### How did you use marijuana this year?

- Oral*
- Nasal*
- Inject*
- Smoke*
- Other*

**How often did you use marijuana this year?**

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for marijuana use this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program
- Residential program
- Detoxification in a hospital or clinic
- Don't know
- Other

Other (specify)

---

---

## Hallucinogen/LSD/Ecstasy/Club Drug Use Questions

**How did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?**

- Oral
- Nasal
- Inject
- Smoke
- Other

**How often did you use Hallucinogens/LSD/Ecstasy/Club drugs this year?**

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for Hallucinogen/LSD/Ecstasy/Club drug use this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program

- Residential program
- Detoxification in a hospital or clinic
- Don't know
- Other

Other (specify)

---

## Prescription Pill Use Questions

**How did you use Prescription Pills this year?**

- Oral
- Nasal
- Inject
- Smoke
- Other

**How often did you use Prescription Pills this year?**

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for Prescription Pill use this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program
- Residential program
- Detoxification in a hospital or clinic
- Don't know
- Other

Other (specify)

---

## Cocaine Use Questions

**How did you use cocaine this year?**

- Oral
- Nasal
- Inject
- Smoke
- Other

**How often did you use cocaine this year?**

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for this drug this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program
- Residential program
- Detoxification in a hospital or clinic
- Don't know
- Other

Other (specify)

---

---

## Crack Use Questions

**How did you use crack this year?**

- Oral
- Nasal
- Inject
- Smoke
- Other

**How often did you use crack this year?**

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for crack use this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program
- Residential program

*Detoxification in a hospital or clinic*

*Don't know*

*Other*

*Other (specify)*

---

## Heroin Use Questions

**How did you use heroin this year?**

*Oral*

*Nasal*

*Inject*

*Smoke*

*Other*

**How often did you use heroin this year?**

*Several times a day (3 or more times daily)*

*About once a day (1-2 times daily)*

*Several times a week (3 or more times weekly)*

*About once a week (1-2 times weekly)*

*Several times a month (3 or more times monthly)*

*About once a month (1-2 times monthly)*

*Less than once a month (3-11 times yearly)*

*Comments:*

---

**Did you have any treatment for heroin use this year?**

*Yes*

*No*

**If yes, what type of treatment did you have?**

*Any type of 12-step program*

*Outpatient program*

*Residential program*

*Detoxification in a hospital or clinic*

*Don't know*

*Other*

*Other (specify)*

---

## Amphetamine Use Questions

**How did you use amphetamines this year?**

*Oral*

*Nasal*

*Inject*

*Smoke*

*Other*

**How often did you use amphetamines this year?**



- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for amphetamine use this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program
- Residential program
- Detoxification in a hospital or clinic
- Don't know
- Other

Other (specify)

---

## Methamphetamine Use Questions

**How did you use methamphetamine this year?**

- Oral
- Nasal
- Inject
- Smoke
- Other

**How often did you use methamphetamine this year?**

- Several times a day (3 or more times daily)
- About once a day (1-2 times daily)
- Several times a week (3 or more times weekly)
- About once a week (1-2 times weekly)
- Several times a month (3 or more times monthly)
- About once a month (1-2 times monthly)
- Less than once a month (3-11 times yearly)

Comments:

---

**Did you have any treatment for methamphetamine use this year?**

- Yes
- No

**If yes, what type of treatment did you have?**

- Any type of 12-step program
- Outpatient program
- Residential program
- Detoxification in a hospital or clinic

*Don't know*

*Other*

*Other (specify)*

---

---

**During this year did you feel your drug use was out of control?**

*Never*

*Sometimes*

*Often*

*Always*

**With which drug(s) did you feel out of control? (Select all that apply)**

*Tobacco*

*Alcohol*

*Marijuana*

*Hallucinogens/Ecstasy/Club Drugs*

*Prescription Pills*

*Cocaine*

*Crack*

*Heroin*

*Amphetamines*

*Methamphetamine*

**Comments about this question:**

---

---

**During this year did you feel that your drug use caused problems in your life?**

*Never*

*Sometimes*

*Often*

*Always*

**Which drug(s) caused problems in your life? (Select all that apply)**

*Tobacco*

*Alcohol*

*Marijuana*

*Hallucinogens/Ecstasy/Club Drugs*

*Prescription Pills*

*Cocaine*

*Crack*

*Heroin*

*Amphetamines*

*Methamphetamine*

**Comments about this question:**

---

---

**During this year, had there been a period when you spent a great deal of time using drugs, getting drugs or getting over its effects?**

*Yes*

No

**During this year, had you often used larger amounts of drugs or used drugs for a longer period of time than you intended to?**

Yes

No

**During this year, had you often wanted to cut down on or control your drug use or had you tried to cut down but you couldn't?**

Yes

No

**During this year, had you found that you had to take a lot more drugs to get the same effect?**

Yes

No

## Treatment

**During this year, were you in any kind of treatment?**

No

Any type of 12-Step program

Other

*Other (specify)*

---

## Social Variables

**What state did you live in this year?**

Alabama

Alaska

Arizona

Arkansas

California

Colorado

Connecticut

Delaware

District of Columbia

Florida

Georgia

Hawaii

Idaho

Illinois

Indiana

Iowa

Kansas

Kentucky

Louisiana

Maine

Maryland

Massachusetts

Michigan

Minnesota

Mississippi

- Missouri*
- Montana*
- Nebraska*
- Nevada*
- New Hampshire*
- New Jersey*
- New Mexico*
- New York*
- North Carolina*
- North Dakota*
- Ohio*
- Oklahoma*
- Oregon*
- Pennsylvania*
- Rhode Island*
- South Carolina*
- South Dakota*
- Tennessee*
- Texas*
- Utah*
- Vermont*
- Virginia*
- Washington*
- West Virginia*
- Wisconsin*
- Wyoming*
- Outside of US*

*If outside the US, where did you live?*

---

**What type of geographic area did you live in during this year?**

- Rural*
- Suburban*
- Urban*
- Small town*

**What was your type of residence status for the majority of this year?**

- Own home*
- Rent home*
- Pay roommate*
- Live in someone's home for free*
- Government paid home*
- Military base*
- Single room occupancy/Boarding room*
- Shelter*
- Homeless on street*
- Jail/Prison*
- Other*

*Other (specify)*

---

**What was your family role during this year?**

- Son or Daughter*
- Sibling*
- Father or Mother*

- Partner
- Spouse
- N/A
- Other

Other (specify) \_\_\_\_\_

**What was your major work role during this year?**

- Professional
- Managerial
- Office
- Blue collar
- Service/Restaurant
- Farm
- Day labor
- Military
- Student
- Homemaker
- Disabled, not working
- Sales
- After-school work
- Looking for work
- Unemployed, not seeking work
- Prison work/Community service
- N/A (did not start working yet)
- Other

Other (specify) \_\_\_\_\_

**What were the drug roles you had in that year?**

- User
- Runner
- Dealer
- Producer
- Sex work for drugs
- Hustle for drugs
- N/A
- Other

Other (specify) \_\_\_\_\_

**Were you in prison/jail/youth detention at any time this year?**

- Yes
- No

## Sexual Behaviors

**Did you have sexual intercourse this year?**

- Yes
- No

**What type of sexual partner did you have this year?**

- Spouse
- Steady partner

- Occasional partner*
- Friend*
- Acquaintance*
- Paying or paid sex*
- Stranger*
- Other*

Other (specify) \_\_\_\_\_

**How many of this type of partner did you have: Spouse**

\_\_\_\_\_

**How many of this type of partner did you have: Steady partner**

\_\_\_\_\_

**How many of this type of partner did you have: Occasional partner**

\_\_\_\_\_

**How many of this type of partner did you have: Friend**

\_\_\_\_\_

**How many of this type of partner did you have: Acquaintance**

\_\_\_\_\_

**How many of this type of partner did you have: Paying or Paid sex**

\_\_\_\_\_

**How many of this type of partner did you have: Stranger**

\_\_\_\_\_

**How many of this type of partner did you have: Other**

\_\_\_\_\_

**How often did you use a condom while having sex this year?**

- Always*
- Usually*
- Sometimes*
- Never*

**What was the type of sexual relation you had this year?**

- Heterosexual*
- Male sex with male*
- Female sex with female*
- Other*

Other (specify) \_\_\_\_\_

**End of Survey - Click Submit to Begin New Year**