

DRUG USE - DUQ

BOX 1

CHECK ITEM DUQ.010:
IF SP 20 YEARS OF AGE OR OLDER, GO TO DUQ.100.
OTHERWISE, CONTINUE WITH DUQ.020.

DUQ.020 The following questions ask about drug use.

Have you **ever** tried marijuana?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

- YES 1
- NO 2 (DUQ.050)
- REFUSED 7 (DUQ.050)
- DON'T KNOW 9 (DUQ.050)

DUQ.030 How old were you when you tried marijuana for the **first** time?

VERBAL INSTRUCTIONS TO SP:
Please enter an age.

ENTER AGE IN YEARS

- REFUSED 77
- DON'T KNOW 99

DUQ.040 During your life, how many times have you used marijuana?

VERBAL INSTRUCTIONS TO SP:
Please select one of the following choices.

- 1 or 2 times, 1
- 3 to 9 times, 2
- 10 to 19 times, 3
- 20 to 39 times, 4
- 40 to 99 times, or 5
- 100 or more times? 6
- REFUSED 77
- DON'T KNOW 99

DUQ.050 Have you **ever** tried any form of cocaine, including crack or freebase?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES	1
NO	2 (BOX 2)
REFUSED	7 (BOX 2)
DON'T KNOW	9 (BOX 2)

DUQ.060 How old were you when you tried any form of cocaine, including crack or freebase for the **first** time?

VERBAL INSTRUCTIONS TO SP:
Please enter an age.

|_|_|
ENTER AGE IN YEARS

REFUSED	77
DON'T KNOW	99

DUQ.070 During your life, how many times have you used cocaine?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|
ENTER NUMBER

REFUSED	777
DON'T KNOW	999

BOX 2
CHECK ITEM DUQ.090: GO TO DUQ.120.

DUQ.100 The following questions ask about drug use.

Have you **ever** used cocaine, including crack or freebase, or other street drugs? Do not include marijuana.

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES	1
NO	2 (END OF SECTION)
REFUSED	7 (END OF SECTION)
DON'T KNOW	9 (END OF SECTION)

DUQ.110 In the **past 12 months**, how many days have you used cocaine, including crack or freebase, or other street drugs?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|
ENTER NUMBER

REFUSED 777
DON'T KNOW 999

DUQ.120 Have you **ever** used a needle to take street drugs?

VERBAL INSTRUCTIONS TO SP:
Please select yes, no.

YES 1
NO 2 (END OF SECTION)
REFUSED 7 (END OF SECTION)
DON'T KNOW 9 (END OF SECTION)

BOX 3

CHECK ITEM DUQ.125:
IF SP < 20 YEARS OF AGE, GO TO END OF SECTION.
OTHERWISE, CONTINUE WITH DUQ.130.

DUQ.130 In the **past 12 months**, how many days have you used a needle to take street drugs?

VERBAL INSTRUCTIONS TO SP:
Please enter a number.

|_|_|_|
ENTER NUMBER

REFUSED 777
DON'T KNOW 999