

# **2015 NATIONAL SURVEY ON DRUG USE AND HEALTH**

## **SUMMARY OF THE EFFECTS OF THE 2015 NSDUH QUESTIONNAIRE REDESIGN: IMPLICATIONS FOR DATA USERS**

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Substance Abuse and Mental Health Services Administration  
Center for Behavioral Health Statistics and Quality  
Rockville, Maryland

June 2016

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# 1. Introduction

The National Survey on Drug Use and Health (NSDUH) is an annual survey of the civilian, noninstitutionalized population of the United States aged 12 years old or older. Data from NSDUH provide information on illicit drug use, alcohol and tobacco use, substance use disorders (SUDs), substance use treatment, mental health issues, mental health service use, and co-occurring SUDs and mental health issues. The survey is sponsored by the Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services, and is planned and managed by SAMHSA's Center for Behavioral Health Statistics and Quality (CBHSQ).

For 2015, a number of changes were made to the NSDUH questionnaire and data collection procedures. These changes were intended to improve the quality of the data collected and to address current substance use and mental health policy and research needs.<sup>1</sup> Changes to a survey can yield estimates that are not comparable with estimates from earlier years for a number of different reasons. For example, comparability may be affected by substantive changes to questions about the measure or changes in respondents' eligibility to be asked a particular set of questions. Empirical tests on data may also reveal unanticipated changes, such as context effects,<sup>2</sup> that result in estimates from unchanged portions of the questionnaire no longer being comparable with estimates from earlier years. These types of effects can occur when changes in the respondent materials or earlier portions of the questionnaire influence the way a respondent answers certain questions, despite the questions remaining unchanged. When trends in estimates over time have been presented and a new estimate is not comparable with estimates from prior years (regardless of the reason for the estimates no longer being comparable), this break in comparability also can be referred to as "a break in trends."

This report summarizes the effects of the 2015 NSDUH partial redesign and includes an overview of key estimates that are not comparable between the 2015 NSDUH and earlier NSDUH survey years. Estimates that are not comparable are assumed to have "broken" trends and to begin new baselines in 2015. The loss of comparability also prevents the pooling of data to produce estimates across multiple years, such as to improve the precision of estimates, when data from 1 or more years are not comparable. This issue especially affects state and substate estimates and certain research studies on specific topics. This report also includes information on questions and topics that are no longer available on the 2015 NSDUH questionnaire and information on topics that are newly available in NSDUH beginning with the 2015 data.

This partial redesign of the 2015 questionnaire is different from the sample redesign that was implemented in the 2014 NSDUH. Minimal changes were made to the 2014 NSDUH questionnaire to allow any effects on estimates to be attributed specifically to the sample

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<sup>1</sup> The exact changes are documented in the 2015 Office of Management and Budget (OMB) clearance package and in a summary report (CBHSQ, 2015a). The 2015 questionnaire is also available on the SAMHSA website at <http://www.samhsa.gov/data/>.

<sup>2</sup> A context effect may be said to take place when the response to a question is affected by information that is not part of the question itself. For example, the content of a preceding question may affect the interpretation of a subsequent question. Or a respondent may answer a subsequent question in a manner that is consistent with responses to a preceding question if the two questions are closely related to each other.

redesign. Estimates from the 2014 NSDUH were analyzed in depth, and the sample redesign was determined not to have affected the comparability of the 2014 estimates with estimates from earlier years.<sup>3</sup>

Many key measures that are not discussed in this report, such as estimates of mental health issues and the use of marijuana, cocaine, and heroin, were not changed for 2015. Estimates for these measures that did not change are assumed to remain comparable with those from earlier years. A complete list of the changes that were made to the 2015 NSDUH instrument and the reasons for the change are provided in Appendix A. A detailed redesign impact analysis report based on final 2015 data is forthcoming. A brief discussion of specific changes and their impact on 2015 NSDUH measures is included in the remainder of this report.

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<sup>3</sup> For more information on the 2014 sample redesign, see CBHSQ (2015b).

## 2. Substance Use Items

### 2.1 Tobacco

Prior to 2015, questions about chewing tobacco and snuff were asked separately in the National Survey on Drug Use and Health (NSDUH). In 2015, these questions were combined into a single set of questions about smokeless tobacco because analyses on NSDUH data indicated that respondents were generally unable to distinguish between chewing tobacco and snuff. The tobacco product "snus" was also added as an example in the new smokeless tobacco questions. A new baseline will begin with 2015 for all smokeless tobacco estimates, and trends going back to 2002 for smokeless tobacco will not be available. Analyses show that a small portion of all tobacco users are those who used only smokeless tobacco; therefore, the change to the smokeless tobacco component for 2015 is not expected to affect the comparability of the overall "any tobacco use" measures, and trends will continue to be reported for any tobacco use. Estimates for cigarette, cigar, and pipe tobacco use were not affected.

### 2.2 Alcohol

The threshold for determining binge alcohol use for females was lowered from five or more drinks on an occasion for the 2014 and earlier NSDUHs to four or more drinks on an occasion for the 2015 NSDUH to ensure consistency with federal definitions<sup>4</sup> and other federal data collection programs. The threshold for males in 2015 remained at five or more drinks on an occasion. Because heavy alcohol use is defined as engaging in binge alcohol use on each of 5 or more days in the past 30 days, heavy alcohol use measures for females were also affected. Estimates of binge and heavy alcohol use for females, binge and heavy alcohol use for the overall population (both genders), and initiation of binge alcohol use will begin new baselines for 2015, and trends for these measures will not be reported for 2015. This change is relevant only to estimates of binge and heavy alcohol use; that is, this change did not affect the comparability of estimates related to past month, past year, and lifetime use of alcohol, including past year initiation of alcohol use, alcohol dependence and abuse, and sources of alcohol among underage drinkers.

### 2.3 Hallucinogens

Several changes were made to the 2015 NSDUH questions for hallucinogens. "Molly" was added as a slang term for Ecstasy. Questions about a respondent's use of ketamine, tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], 5-MeO-DIPT [N, N-diisopropyl-5-methoxytryptamine], also known as "Foxy"), and *Salvia divinorum* were asked in the special drugs section of the interview from 2006 to 2014. In 2015, however, these questions were moved to the more appropriate hallucinogens section, and use of these substances will now be included in estimates of any hallucinogen use. As a result of these changes, new baselines will begin with 2015 for estimates of overall use of any hallucinogen, past year initiation of hallucinogen use, and hallucinogen dependence and abuse. Additionally,

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<sup>4</sup> The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 grams per deciliter (g/dL). This typically occurs after four drinks for women and five drinks for men in about 2 hours.

new baselines will begin for estimates of the use of ketamine, AMT/DMT/"Foxy," and *Salvia divinorum*. Trends for these measures will not be reported for the 2015 NSDUH. However, 2015 estimates of phencyclidine (PCP) and lysergic acid diethylamide (LSD) are assumed to remain comparable with estimates in prior years.

## **2.4 Inhalants**

New questions were added to the inhalants section of the interview for 2015 about the lifetime use of felt-tip pens and computer keyboard cleaner, also known as "air duster." Estimates for these specific inhalants will be newly available beginning with 2015 data. These changes are especially salient for estimates of youth substance use. Additionally, new baselines will begin with 2015 for all estimates of overall use of any inhalant, past year initiation of inhalant use, and inhalant dependence and abuse. Trends going back to 2002 for inhalants will not be available.

## **2.5 Methamphetamine**

Prior to 2015, questions about methamphetamine use were asked in the context of misuse of prescription stimulants because methamphetamine is legally available by prescription (Desoxyn<sup>®</sup>). For 2015, a new set of questions specific to methamphetamine was created and administered separately from the prescription drug items because most methamphetamine is produced and consumed illicitly in the United States. New baselines will begin with 2015 for all estimates of methamphetamine use and past year initiation of methamphetamine. New questions for methamphetamine dependence and abuse also were added for 2015; a new baseline also will begin with 2015 for estimates of methamphetamine dependence or abuse. Trends for methamphetamine measures going back to 2002 will not be available.

## **2.6 Prescription Drugs**

The prescription drug questions were redesigned for the 2015 NSDUH. Prior to 2015, NSDUH focused on estimates of prescription drug misuse (previously called "nonmedical use") at the category level (pain relievers, sedatives, tranquilizers, and sedatives), but did not collect many details regarding the use or misuse of many specific prescription drugs in the past year. Questions about lifetime misuse of most specific prescription drugs were asked only for the lifetime period. Questions about any use of prescription drugs (as opposed to just misuse) also were not asked. Collecting more detailed and complete information on use, misuse, and recent initiation of a comprehensive set of specific prescription drugs was determined to be more useful for policy and research purposes, partly due to public health concerns about recent increases in addiction, overdose, and death involving prescription drugs, particularly prescription pain relievers. To address these priorities, the following changes were implemented in 2015:

- The focus of the prescription drug questions in 2015 was changed to a 12-month reference period instead of the lifetime reference period that was used in prior NSDUH questionnaires. Detailed information was collected regarding past year use and misuse of several specific prescription drugs and overall drug categories (pain relievers,

tranquilizers, stimulants, and sedatives), but detailed questions on lifetime misuse of specific prescription drugs were not included.

- Questions about any use of prescription drugs (instead of just misuse) during the past year were added.
- The definition of misuse was revised to use of a drug "in any way a doctor did not direct you to use it [or them]" in order to focus on the behavioral components of misuse. Prior to 2015, respondents were asked about the use of prescription drugs that were not prescribed for respondents (i.e., a behavior) or that respondents took only for the experience or feeling that the drugs caused (i.e., a motivation). Examples of behaviors of misuse that were presented to respondents in 2015 included (a) use without a prescription of the respondent's own; (b) use in greater amounts, more often, or longer than told to take a drug; or (c) use in any other way a doctor did not tell respondents to take a drug.
- Electronic images of prescription drugs replaced the hard-copy "pill cards" that were shown to respondents, and examples other than pills were shown (e.g., a picture of morphine in liquid form for injection and pictures of patches for delivering certain drugs through the skin).
- Prescription drugs that previously were included elsewhere in the questionnaire (i.e., Adderall<sup>®</sup> and Ambien<sup>®</sup>) were moved to the appropriate prescription drug module. As noted earlier, methamphetamine was also moved to its own section that was separate from prescription stimulants.
- New information was collected on the specific ways in which respondents misused prescription drugs (e.g., without a prescription of the respondent's own, use in greater amounts than prescribed).
- New detailed information was collected on the motivations for misuse.

These changes will result in new baselines for 2015 for all prescription drug measures, including measures for any prescription psychotherapeutic drug and categories of psychotherapeutic drugs (pain relievers, tranquilizers, stimulants, and sedatives). Specifically, new baselines will begin in 2015 for measures of use and misuse, past year initiation of prescription drug misuse, and prescription drug use disorders. Additionally, due to the differences in the way lifetime prescription drug misuse was measured in 2015, it appears that lifetime misuse measures are underreported compared with prior years. Therefore, lifetime prescription drug misuse measures will not be reported, including the reporting of trends.

## **2.7 Illicit Drug Use**

Due to the changes to questions about hallucinogens, inhalants, methamphetamine, and prescription drugs, new baselines will begin with 2015 for lifetime, past year, and past month measures for any illicit drug use and the use of any illicit drug other than marijuana. Trends going back to 2002 for these overall illicit drug measures will not be available. A new baseline will begin for 2015 for the lifetime use of any illicit drug even though lifetime prescription drug misuse will not be reported because any illicit drug use is dominated by marijuana.

## **2.8 Initiation of Substance Use or Misuse in the Past Year**

Estimates of the initiation of use (or misuse) of a particular substance in the past year are captured and reported as part of NSDUH. As discussed above, 2015 estimates of initiation of methamphetamine, inhalants, hallucinogens, and categories of prescription drugs (pain relievers, tranquilizers, stimulants, and sedatives) will not be comparable with estimates from earlier years. Initiation estimates for marijuana, alcohol, tobacco, cocaine, crack, heroin, LSD, and PCP are not affected by the questionnaire changes.

As noted previously, lifetime (but not past year) misuse of prescription drugs may be underreported for 2015 because the new prescription drug questions do not focus on details of lifetime misuse. Therefore, it is not possible with the 2015 NSDUH data to accurately identify respondents who may have initiated the misuse of prescription drugs more than 12 months prior to being interviewed. In turn, accurate estimation of the number of individuals who are at risk for the initiation of misuse of prescription drugs is affected because individuals who initiated misuse more than 12 months prior to being interviewed are no longer "at risk" for initiation. The changes to the prescription drug questions also create limitations for making overall estimates for initiation of misuse of any prescription psychotherapeutic drug and for initiation of any illicit drug use. Therefore, starting with 2015, past year initiation of the misuse of any prescription psychotherapeutic drug and past year initiation of any illicit drug use will not be reported.

## **2.9 Substance Use Disorders**

Due to the changes to questions about hallucinogens, inhalants, methamphetamine, and prescription drugs, the set of respondents who were eligible to be asked questions about substance use disorders (SUDs) was different in 2015 than in earlier years. Therefore, the SUD estimates for hallucinogens, inhalants, methamphetamine (which are new for 2015), and prescription drugs will begin new baselines in 2015, and trends for these SUD measures will not be reported. New baselines will also be started with 2015 for the aggregated categories of SUDs for "any illicit drug" and SUDs for illicit drugs or alcohol. Estimates of SUDs for alcohol, marijuana, cocaine, and heroin are assumed to remain comparable with those in earlier years.

## **2.10 Substance Use Treatment**

The changes in the questions for hallucinogens, inhalants, methamphetamine, and prescription drugs also resulted in the sets of respondents who were eligible to be asked questions about substance use treatment being different in 2015 than in earlier years. Therefore, 2015 substance use treatment measures, including the perceived need for treatment, receipt of treatment, and treatment for co-occurring SUD and mental illness are assumed not to be comparable with those in earlier years. Depending on the results of further investigations (see below), new baselines may be established for all treatment measures for specific drugs and overall illicit drug categories. Trends for these measures will not be shown for 2015. Measures of treatment specifically for mental health concerns were not affected for 2015.

Further analyses will be conducted when more years of substance use treatment data are available to examine whether estimates of substance use treatment in 2015 and future years can

be considered comparable with estimates prior to 2015. These estimates may be heavily influenced by users of substances for which the questions did not change in 2015, such as alcohol and marijuana. Additionally, many respondents who may be newly routed into these questions based on the redesigned questions may have already been determined to be eligible for these questions based their responses to questions that did not change (e.g., users of alcohol who also misused prescription drugs).

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## 3. Other Questionnaire Changes

### 3.1 New Content

Several items were added to the 2015 National Survey on Drug Use and Health (NSDUH). Questions on disability status and English-language proficiency were added as a requirement of the Patient Protection and Affordable Care Act of 2010<sup>5</sup> and are intended to help monitor health disparities in populations with disabilities or limited English-language proficiency. Two questions about sexual identity and sexual attraction were added and asked only of adults. Finally, respondents were asked whether members of their immediate families are in the U.S. military, and if so, which family members are in the military. These additions are intended to help identify "military families," who may have different substance use and mental health concerns than other populations. Capturing data on these important characteristics will also facilitate analyses of substance use and mental health issues within these populations.

### 3.2 Deletions

Because the NSDUH interview typically takes respondents roughly an hour to complete, the addition of many new questions meant that other questions had to be removed in order to maintain this average interview time and not unnecessarily add to the respondent burden. Therefore, the following questions were removed:

- marijuana purchase information, including the price that was paid for any marijuana that was purchased;
- the number of moves in the past 5 years;
- employment questions related to industry and occupation; and
- household roster questions on whether the relationships between pair respondents were biological, adoptive, foster, or step.

### 3.3 Changes in Mode of Administration

The following questions changed their mode of administration from interviewer-asked (computer-assisted personal interviewing or CAPI) to self-administered via the computer (audio computer-assisted self-interviewing or ACASI):

- number of moves in the past year,
- immigrant status,
- current school enrollment (e.g., current grade or year in school, full-time or part-time student status, absences from school in the past 30 days),

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<sup>5</sup> Specifically, Section 4302 of the Patient Protection and Affordable Care Act of 2010 requires these types of items to be included on all population health surveys conducted or sponsored by the U.S. Department of Health and Human Services (HHS, 2011).

- marital status, and
- employment and workplace issues (e.g., current employment status, absences from work in the past 30 days).

These items were moved to the self-administered (ACASI) mode both to reduce the burden on the interviewer and because they could be considered sensitive topics. Consequently, respondents could feel more comfortable recording their answers to these questions privately on the computer. Because the mode through which a question was asked can and did appear to affect some responses, evidenced by increased item nonresponse rates, the questions that changed from CAPI to ACASI are assumed to not be comparable with earlier years, so new baselines will be established for 2015 for these measures. Questions about marital status also will return to the CAPI section at the beginning of the interview for the 2016 NSDUH because of the potential for respondents to answer incorrectly without reading the entire question or without listening to the audio for the entire question and all response options.

### **3.4 Perceptions of Risk and Availability**

Although the questions on perceptions of the risk of harm from using different substances and the perceived availability of specific illicit drugs did not change in 2015, initial data quality checks on the preliminary data showed deviations from the expected trends for these measures. A survey redesign carries the risk that preceding changes to the questionnaire will affect how respondents answer later questions, also referred to as context effects.<sup>6</sup> Changes in respondent contact materials also can affect how respondents answer NSDUH questions. At this time, it is unclear whether the changes seen in the risk and availability measures are due to context effects or if these changes in perceptions reflect true changes in the population. Therefore, the 2015 reports will publish only 2015 estimates of risk and availability measures until more years of data are available and the effects of the redesign on these data (if any) can be more thoroughly assessed.

### **3.5 Additional Changes**

Prior to 2015, NSDUH education categories were collected based on how many years of school that respondents reported that they had completed. When estimates were reported by education categories, respondents who completed the 12th grade were assumed to be high school graduates, and respondents who completed 4 or more years of college were assumed to be college graduates. However, these assumptions may not always be true.

Therefore, finer and more accurate categories of educational attainment were captured in 2015, including receipt of a high school diploma, a General Educational Development (GED<sup>®</sup>) certificate, an associate's degree, some college credit but no degree, a 4-year college degree, and a graduate or professional degree. Education categories for 2015 will not be comparable with those from earlier years, and trends will not be reported by education category for 2015.

The NSDUH health questions pertaining to lifetime and past year diagnoses of health conditions were also improved. The new questions replaced an outdated set of questions and

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<sup>6</sup> See footnote 2 in Chapter 1.

are intended to address changing analytic needs to examine the relationship among specific health conditions, substance use, and mental health concerns. Additional data on the age at first diagnosis for specific health conditions also were collected in 2015. New baselines will be started for these new specific health measures for 2015.

Finally, the set of respondents in 2015 who were routed into questions about driving under the influence of alcohol or illicit drugs was different from those in prior years, resulting in 2015 estimates that are not comparable with those in earlier years. However, further changes to these questions were deemed necessary for 2016, so estimates of driving under the influence of alcohol or illicit drugs will be reported only for 2015, and new baselines will begin with the 2016 data.

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## **4. State and Substate Estimates**

Published National Survey on Drug Use and Health estimates at the state and substate levels are produced using small area estimation methods and by pooling multiple years of data. For state-level estimates, 2 years of data are combined, and 3 years of data are combined for substate estimates. However, because some of the measures will not have comparable data between 2014 and 2015 or for 2013 to 2015, the Center for Behavioral Health Statistics and Quality is determining how best to produce the next wave of state and substate estimates.

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## 5. Availability of 2015 NSDUH Data

The Center for Behavioral Health Statistics and Quality (CBHSQ) currently plans to release seven first findings reports for the 2015 National Survey on Drug Use and Health (NSDUH) in addition to a full set of detailed tables of estimates. [Table 5.1](#) shows the topics and publication schedule for the reports.

NSDUH detailed tables for 2015 will be released along with the first two publications on September 8, 2016. Different codes will be used in the tables to indicate estimates that are not reported ("nr"), not comparable ("nc"), or not available ("--") because of the questionnaire changes. Publication of state estimates is expected to begin in December 2017 (using 2015 and 2016 data), and publication of substate estimates is scheduled to begin in the summer of 2018.

**Table 5.1 Topics and Scheduled Release Dates for Reports from the 2015 NSDUH**

<b>Topic</b>	<b>Scheduled Publication Date</b>
Key Substance Use and Mental Health Indicators in the United States: Results from the 2015 National Survey on Drug Use and Health	September 8, 2016
Prescription Drug Use and Misuse in the United States: Results from the 2015 National Survey on Drug Use and Health	September 8, 2016
Suicidal Thoughts and Behavior among Adults: Results from the 2015 National Survey on Drug Use and Health	September 15, 2016
Receipt of Services for Substance Use and Mental Health Issues among Adults: Results from the 2015 National Survey on Drug Use and Health	September 29, 2016
Sexual Orientation and Estimates of Adult Substance Use and Mental Health: Results from the 2015 National Survey on Drug Use and Health	October 11, 2016
Risk and Protective Factors and Estimates of Substance Use Initiation: Results from the 2015 National Survey on Drug Use and Health	October 20, 2016
Spouses and Children of U.S. Military Personnel: Substance Use and Mental Health Profile	November 3, 2016

As in previous years, CBHSQ will construct a public use data file for the 2015 NSDUH that will be available in late 2016 or early 2017. Users of NSDUH data files, including the public use files, will see the questionnaire changes reflected in the variable names, labels, and codebook documentation. Variables that are assumed to not be comparable with their counterparts in prior years will be renamed for 2015 to alert data users to the changes. Additionally, variables with unknown comparability will also be renamed for 2015 until a final decision can be made regarding comparability. Variables that are assumed to remain comparable with their counterparts in prior years will retain the same variable names on 2015 NSDUH data files that they had in 2014.

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# **Appendix A: Questionnaire Changes for the 2015 Survey and Reasons for Changes**

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**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Interviewer-Administered Demographics</b>	
Marital status and number of times married (questions QD07 and QD08): Moved these questions from the interviewer-administered demographics section, which is administered using computer-assisted personal interviewing (CAPI), to the education section later in the interview. Questions in the education section in 2015 were self-administered using audio computer-assisted self-interviewing (ACASI). <sup>1</sup>	These questions were moved to ACASI to minimize interviewer burden and maximize standardization in order to reduce potential interviewer effects.
Revised the educational attainment categories in question QD11, including categories for completion of a high school diploma, completion of the 12th grade without receiving a diploma, or receipt of a General Educational Development (GED <sup>®</sup> ) certificate of high school completion. For education beyond the 12th grade, the categories include receipt of college credit without a degree or receipt of specific degrees, including an associate's degree.	<ul style="list-style-type: none"> <li>• In National Survey on Drug Use and Health (NSDUH) education measures prior to 2015, adult respondents (Rs) who reported completing the 12th grade were assumed to be high school graduates. This assumption may not always be correct.</li> <li>• The previous NSDUH adult education measure for college graduates assumed completion of a 4-year degree or higher and did not allow for identification of Rs who received an associate's degree.</li> <li>• Additional questions were required to identify high school dropouts. These questions to identify dropouts were asked only of Rs aged 12 to 25.</li> </ul>
<b>Questionnaire Section: Calendar</b>	
Replaced the paper calendar for defining reference dates with an electronic calendar that can be accessed in the ACASI portion of the interview.	Makes reference date information more accessible to Rs throughout the ACASI portion of the interview.
<b>Questionnaire Section: Tobacco Module</b>	
Combined questions that ask about chewing tobacco and snuff into questions that ask about any type of smokeless tobacco, and added "snus" as an example of smokeless tobacco. Deleted questions that asked about snuff and chewing tobacco. Also deleted questions about smokeless tobacco brands.	<ul style="list-style-type: none"> <li>• Respondent confusion about differences between snuff and chewing tobacco, as indicated by misreporting of snuff brands as brands of "chewing tobacco" that were used most often in the past 30 days, or vice versa.</li> <li>• Estimates are made for any smokeless tobacco use but not for individual types of smokeless tobacco.</li> <li>• Snus has emerged in the United States as a type of smokeless tobacco.</li> <li>• Reduction in burden for Rs who in prior survey years would have reported lifetime use of both snuff and chewing tobacco.</li> </ul>
<b>Questionnaire Section: Alcohol Module</b>	
Binge alcohol use (question AL08): Revised the logic for females to ask about the number of days in the past 30 days that females had four or more drinks on an occasion. (For males, the question continues to ask about the number of days they had five or more drinks on an occasion.)	<ul style="list-style-type: none"> <li>• The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines binge drinking as a pattern of drinking that brings blood alcohol concentration (BAC) levels to 0.08 grams per deciliter (g/dL) (NIAAA, 2004). This BAC typically occurs in about 2 hours after four drinks for women and five drinks for men.<sup>1</sup></li> <li>• Makes NSDUH measures consistent with measures of binge alcohol use from other national data, such as the Behavioral Risk Factor Surveillance System (BRFSS).</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Hallucinogens Module</b>	
Added "Molly" as a slang term for Ecstasy in hallucinogen questions about Ecstasy.	<ul style="list-style-type: none"> <li>The National Institute on Drug Abuse (NIDA) has listed "Molly" as a slang term for Ecstasy.<sup>2</sup></li> <li>Consistent with use of "Molly" as a slang term for Ecstasy, unique mentions of "Molly" as "some other hallucinogen" (also known as "OTHER, Specify" reports) increased from fewer than 10 per year in 2001 to 2010 to more than 10 in 2011, more than 40 in 2012, and more than 80 in 2013.</li> </ul>
Moved questions about lifetime and most recent use of the following hallucinogens from the special drugs module to the hallucinogens module: (1) ketamine, (2) tryptamines (dimethyltryptamine [DMT], alpha-methyltryptamine [AMT], 5-MeO-DIPT [N, N-diisopropyl-5-methoxytryptamine], also known as "Foxy"), and (3) <i>Salvia divinorum</i> .	<ul style="list-style-type: none"> <li>Questions about use of these three hallucinogens were included in the special drugs module since the 2006 survey but were not used in making estimates of any hallucinogen use in order to maintain trend data since 2002.</li> <li>Among the population aged 12 or older in 2013, there were an estimated 274,000 past year users of ketamine; 391,000 past year users of DMT, AMT, or "Foxy"; and 518,000 past year users of <i>Salvia divinorum</i>. For phencyclidine (PCP), which is included in the hallucinogens module, there were 90,000 past year users aged 12 or older in 2013 (Center for Behavioral Health Statistics and Quality [CBHSQ], 2014).</li> </ul>
<b>Questionnaire Section: Inhalants Module</b>	
Added new questions to the inhalants module to ask about lifetime use of the following inhalants: (1) felt-tip pens and (2) computer keyboard cleaner, also known as "air duster."	Analysis of trend data on other inhalants that have been specified suggests that these also are important substances among users of inhalants.
<b>Questionnaire Section: Methamphetamine Module</b>	
Added a new module that measures any methamphetamine use (i.e., as opposed to misuse in the prescription drug context, also known as "nonmedical use"). The module includes measures of lifetime use, age at first use, recency, and frequency. The module is patterned after the cocaine module.	<ul style="list-style-type: none"> <li>Although methamphetamine is available in the United States (Desoxyn<sup>®</sup>) in prescription form, most methamphetamine that is used in the United States is produced illegally rather than by the pharmaceutical industry.</li> <li>Rs may fail to report methamphetamine use if questions about this drug are presented in the context of questions about prescription stimulants.</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Prescription Drug Modules</b>	
Deleted the four prescription drug modules that were included in the 2014 NSDUH. <sup>3</sup>	These modules were deleted and replaced with screening modules to determine use of a specific drug in the past 12 months and main modules to determine misuse of the drug.
Added electronic drug images to the prescription drug modules to replace the hard-copy pill cards.	<ul style="list-style-type: none"> <li>• Rs sometimes did not request the pill cards from interviewers despite being instructed to do so.</li> <li>• Reduces costs because updates to a small number of drug images do not require complete reprinting of pill cards for all interviewers.</li> <li>• Allows flexibility to show examples of prescription drugs other than pills (e.g., patches).</li> <li>• Electronic drug images had been used satisfactorily since 2006 in questions for Adderall® and Ambien® in the special drugs module.</li> </ul>
Revised the structure of the prescription drug modules to focus on the past year rather than the lifetime period.	Recent (i.e., past year) misuse of prescription drugs is of greater interest to most NSDUH data users than is lifetime misuse.
Expanded the number of specific prescription drugs in the questionnaire and dropped prescription drugs that are no longer available in the United States.	<ul style="list-style-type: none"> <li>• Important for accurate survey measurement to include examples of prescription drugs that Rs are most likely to encounter.</li> <li>• Questions about specific prescription drugs that are less salient to Rs could affect accuracy of data.</li> <li>• The longer that a prescription drug has not been available in the United States, the less relevant it is for the new focus on the past year period.</li> </ul>
Added four "screeners" to the questionnaire for pain relievers, tranquilizers, stimulants, and sedatives. These screeners measure any past year use of specific prescription drugs, grouped by active ingredient. Any lifetime use of prescription drugs in an overall category (e.g., pain relievers) also is measured.	<ul style="list-style-type: none"> <li>• Questions in the 2014 NSDUH interview for misuse (i.e., nonmedical use) required Rs to process two pieces of information in order to answer each question: (1) Has the R used the drug(s) of interest? (2) If so, has the R used the drug(s) according to the definition of misuse?</li> <li>• Screeners simplify the cognitive task for Rs by allowing them first to identify which drugs they used in the past 12 months, then asking them to report which of these they misused.</li> </ul>
Added four prescription drug "main modules." These modules include a revised definition of misuse of prescription drugs, defined as use "in any way a doctor did not direct you to use it [or them]." Examples include "Using it without a prescription of your own, using it in greater amounts, more often, or longer than you were told to take it, or using it in any other way a doctor did not direct you to use it [or them]."	<ul style="list-style-type: none"> <li>• The definition of misuse in the 2014 NSDUH combined a behavior (use of a drug that was not prescribed for the R) and a motivation (or use only for the experience or feeling the drug caused). The revised definition focuses on behaviors that constitute misuse.</li> <li>• The definition of misuse in the 2014 NSDUH did not include overuse of prescribed medication, which may be an important component of misuse for some types of prescription drugs (e.g., pain relievers).</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
Main module questions for prescription drugs ask whether each drug that was used in the past 12 months was misused according to the revised criteria.	Simplifies the cognitive task for Rs, as noted previously.
Age at first misuse (AFM) and year and month of first misuse (YFM and MFM, respectively, if applicable) are asked for each drug that was misused in the past 12 months. A follow-up question is administered to Rs who reported only past year initiation to determine whether they misused other prescription drugs in that category less recently than the past 12 months.	<ul style="list-style-type: none"> <li>• Consistent with increased emphasis on misuse of prescription drugs in the past 12 months rather than the lifetime period.</li> <li>• The question structure in the 2014 NSDUH allowed Rs to provide inconsistent answers for initiation and most recent misuse that needed to be resolved through statistical imputation (e.g., Rs reporting first misuse at their current age but reporting that the most recent misuse occurred "more than 12 months ago").</li> </ul>
Past year misuse of "other" prescription drugs in a category is measured, but only if Rs report any past year use of "other" drugs in that category. Rs can specify the names of up to five other drugs that they misused, but they cannot hit "ENTER" to the first "write-in" question without typing something or answering the question as "Don't Know" or "Refused."	<ul style="list-style-type: none"> <li>• Changes for questions about misuse of "other" prescription drugs and associated "OTHER, Specify" data are consistent with other changes described previously for the screeners and main modules.</li> <li>• Questionnaire structure for "OTHER, Specify" data for prescription drugs in the 2014 NSDUH allowed Rs to skip the question without providing a reason for their nonresponse.</li> </ul>
Lifetime misuse of prescription drugs is measured, but only through single follow-up questions for the entire category if (1) Rs reported using any prescription drugs in a given category in their lifetime but not in the past 12 months, or (2) Rs reported past year use but no misuse. These follow-up questions do not provide examples of specific prescription drugs in that category, such as drugs that historically were available by prescription in the United States but are no longer available.	<ul style="list-style-type: none"> <li>• Changes to questions in 2015 about lifetime misuse of any prescription drugs in a given category are consistent with the emphasis on past year misuse rather than on lifetime misuse.</li> <li>• Follow-up questions about lifetime misuse do not include examples of specific prescription drugs in a category because the salience of specific examples depends upon when Rs last misused any prescription drugs in that category.</li> </ul>
Rs are asked about misuse of specific prescription drugs in the past 12 months, misuse of any drug in the overall category in the past 30 days (if they misused any specific prescription drugs in the past 12 months), or lifetime misuse (if they did not misuse prescription drugs in the past 12 months). Rs who report that they initiated misuse of specific prescription drugs in the past 30 days are skipped out of the question about misuse in the past 30 days because this has already been determined from their report of past month initiation.	<ul style="list-style-type: none"> <li>• Changes to measurement of most recent misuse is consistent with the emphasis on past year misuse of specific prescription drugs rather than on lifetime misuse.</li> <li>• In addition to the inconsistencies that were described previously for past year initiation and most recent misuse, the 2014 NSDUH question structure allowed Rs to report initiation in the past 30 days (e.g., first misuse in the same month as the interview month) but also to report that the most recent misuse occurred more than 30 days ago.</li> </ul>
The questions for the number of days that Rs misused prescription drugs in the past 12 months (i.e., 12-month frequency questions) have been replaced with questions about the frequency of misuse in the past 30 days, including a question with a continuous range and a follow-up categorical question if Rs do not know or refuse to report an exact number of days.	<ul style="list-style-type: none"> <li>• Rs in the 2014 NSDUH could give inconsistent reports that they last misused any prescription drug in a category more than 30 days ago but within the past 12 months and also report misuse on a number of days in the past 12 months that would suggest that at least some misuse occurred in the past 30 days.</li> </ul>

See notes at end of table.

(continued)



**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<p>Questions about misuse in the past 30 days in combination with alcohol have been moved from the consumption of alcohol module later in the interview to the corresponding prescription drug modules for Rs who report misuse of prescription drugs and use of alcohol in the past 30 days. These questions also have been revised to ask about any misuse of prescription drugs in combination with alcohol in the past 30 days rather than misuse of prescription drugs with alcohol during the last episode of alcohol use in that period.</p>	<ul style="list-style-type: none"> <li>• Groups these questions about misuse in combination with alcohol in the past 30 days with other questions about misuse of prescription drugs in that period.</li> <li>• Use of alcohol in combination with misuse of prescription pain relievers, tranquilizers, or sedatives can be physically hazardous because alcohol and these prescription drugs are central nervous system depressants.</li> <li>• Effects of prescription stimulants that are misused in combination with use of alcohol can mask the effects of the alcohol.</li> </ul>
<p>Questions are included that decompose the ways of misuse and measure individual ways of misuse for Rs who report misuse in the past 12 months. To promote accurate reporting of overuse of prescription drugs, separate response categories are available for (1) use of a drug in greater amounts than it was prescribed, (2) use of a drug more often than it was prescribed, or (3) use of a drug for longer than it was prescribed.</p>	<ul style="list-style-type: none"> <li>• No prior NSDUH data on specific components of misuse for identifying subtypes of misusers.</li> <li>• Categorization of subtypes of misusers based in part on components of misuse has been proposed in the literature (Boyd &amp; McCabe, 2008).</li> <li>• Prior methodological survey research suggests that types of misuse can vary by prescription drug category (Hubbard, Pantula, &amp; Lessler, 1992).</li> </ul>
<p>Rs who misused (or potentially misused) more than one prescription drug in a given category in the past 12 months are asked to report the last prescription drug that they misused.</p>	<p>Focuses recall for subsequent questions about motivations for misuse and sources of prescription drugs.</p>
<p>Questions are included about motivations for misusing the last drug that was misused.</p>	<ul style="list-style-type: none"> <li>• No prior NSDUH data on specific motivations for misuse for identifying subtypes of misusers.</li> <li>• Recommendations for including questions in NSDUH about motivations for misuse have appeared in the literature (Colliver &amp; Gfroerer, 2008; Zacny &amp; Lichtor, 2008).</li> </ul>
<p>Questions about how Rs obtained prescription drugs or how friends or relatives obtained them (if Rs reported that they last got the prescription drug they misused from a friend or relative for free) have been moved from the prior substance use module later in the interview to the corresponding prescription drug modules. These questions also have been modified to ask about the source of the last prescription drug in the category that Rs misused. Consequently, questions from the prior substance use module have been dropped for Rs to report all of the ways that they obtained prescription drugs for misuse in the past 30 days. In addition, response options have been deleted for writing fake prescriptions and for buying the drugs on the Internet.</p>	<ul style="list-style-type: none"> <li>• Groups these questions about the source of prescription drugs with other questions about misuse of prescription drugs in a given category.</li> <li>• NSDUH reports have emphasized how individuals who misused prescription drugs in the past 12 months obtained them for their last episode of misuse rather than how individuals obtained prescription drugs for misuse in the past 30 days.</li> <li>• Writing fake prescriptions and buying prescription drugs on the Internet for misuse have been less commonly reported than other sources. However, Rs in 2015 can use "OTHER, Specify" data to report that they obtained prescription drugs in either of these ways.</li> </ul>
<p>Questions about use of a needle to inject prescription stimulants in the past 12 months or past 30 days have been moved from the special drugs module to the stimulants module.</p>	<ul style="list-style-type: none"> <li>• Groups these questions about injection of stimulants with other questions about misuse of prescription stimulants.</li> <li>• Questions about injection of stimulants in the past 12 months or past 30 days are consistent with the emphasis of the revised prescription drug modules on past year rather than lifetime misuse.</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Special Drugs Module</b>	
<p>The order of questions has been revised in the special drugs module. For example, questions about lifetime use of nonprescription cough and cold medicine and most recent use of cough and cold medicine to get high have been moved to the beginning of the module. Questions about lifetime and most recent use of gamma hydroxybutyrate (GHB) have been moved to follow the questions about cough and cold medicine. Questions about smoking, sniffing, and injecting heroin and about injecting cocaine also have been moved relative to their placement in 2014.</p>	<p>The module has been reorganized because of the following other changes to the module for 2015:</p> <ul style="list-style-type: none"> <li>• Movement of questions for ketamine; DMT, AMT, or "Foxy"; and <i>Salvia divinorum</i> to the hallucinogens module.</li> <li>• Creation of the new methamphetamine module and deletion of many questions about methamphetamine from the special drugs module.</li> <li>• Inclusion of questions about past year misuse of Adderall® and Ambien® in the relevant prescription drug modules and deletion of questions from the special drugs module.</li> </ul>
<p>Injecting methamphetamine (questions SD13 and SD14): Removed "Desoxyn or Methedrine" from the questions.</p>	<p>Makes the wording of these questions consistent with the wording in the new methamphetamine module, which does not refer to prescription forms of the drug.</p>
<p>Use of a needle to inject any other drug (questions SD15 through SD15d): Revised routing logic as needed to account for all questions related to needle use.</p>	<ul style="list-style-type: none"> <li>• Takes into account the movement of questions about injection of stimulants to the stimulants module.</li> <li>• Takes into account the reordering of other questions in the special drugs module about injection.</li> </ul>
<p>Added new question to the special drugs module (SD16) to ask about most recent use of a needle to inject any other drug (if use of a needle to inject stimulants, cocaine, heroin, or methamphetamine was reported) or to inject a drug (otherwise).</p>	<ul style="list-style-type: none"> <li>• The 2014 NSDUH questionnaire asked only about use of a needle to inject other drugs in the lifetime period.</li> <li>• Rs could report more recent use of a needle to inject other drugs than was reported for stimulants, cocaine, heroin, or methamphetamine (if Rs reported injection of these drugs at all).</li> </ul>
<p>General needle use (questions SD17 through SD21): Revised routing logic for the general needle use questions as needed. Added "fills" for Rs who reported use of only one drug with a needle. Added an introduction to SD17 to remind Rs that these questions also apply to use of a needle to inject stimulants based on reports of needle use from the stimulants module (if applicable).</p>	<ul style="list-style-type: none"> <li>• Takes into account the movement of questions about injection of stimulants to the stimulants module.</li> <li>• Takes into account the reordering of other questions in the special drugs module about injection, including injection of specific drugs or "any other" drug.</li> </ul>
<p>Moved most questions about methamphetamine use to the new methamphetamine module (e.g., age at first use, frequency of use in the past 12 months).</p>	<p>Reflects creation of the new methamphetamine module for 2015.</p>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Blunts Module</b>	
Medical marijuana question in the blunts module (MJMM01): Revised the logic for the medical marijuana question to account for Rs reporting use of a cigar with marijuana in it more than 30 days ago but within the past 12 months without having reported past year use of marijuana from the earlier marijuana module.	Allows additional reports of use of marijuana that was recommended by a health professional in the past 12 months to be captured from Rs based on their most recent report of use of a cigar with marijuana in it (i.e., a blunt).
<b>Questionnaire Section: Substance Dependence and Abuse Module</b>	
Cocaine dependence or abuse and heroin dependence or abuse: Updated the logic for routing past year users to these questions.	Takes into account the reordering of questions in the special drugs module for cocaine and heroin.
Hallucinogen dependence or abuse: Updated the logic for routing past year hallucinogen users to these questions. Also added "Molly" to the list of examples of hallucinogens.	Takes into account the movement of questions for ketamine; DMT, AMT, or "Foxy"; and <i>Salvia divinorum</i> from the special drugs module to the hallucinogens module.
Added dependence and abuse questions for methamphetamine, patterned after the cocaine dependence and abuse items.	Captures information on problems indicating dependence or abuse that are specifically attributable to use of methamphetamine.
Dependence or abuse questions for pain relievers, tranquilizers, and sedatives: Revised the wording to the introductions to these questions to include the prescription drugs from the respective main modules that were misused in the past 12 months and to reflect the revised definition for misuse.	<ul style="list-style-type: none"> <li>• Changes to the introductions to list the specific prescription drugs that were misused in the past 12 months are consistent with the emphasis on past year misuse rather than on lifetime misuse.</li> <li>• Listing the specific prescription drugs that were misused in the past 12 months reminds Rs of the meaning of a given prescription drug category (e.g., pain relievers).</li> <li>• Revising the introductions was necessary to reflect the revised definition for misuse in 2015.</li> </ul>
Dependence or abuse questions for stimulants: Made the same revisions to the introductions to these questions that were described previously for other prescription drugs. Also revised the routing logic to remove past year use of methamphetamine from the logic for administering the stimulant dependence and abuse questions.	<ul style="list-style-type: none"> <li>• Same reasons as described previously for changes to the introductions for other prescription drugs.</li> <li>• Removing past year methamphetamine use from the logic reflects the addition of the new methamphetamine module for 2015.</li> </ul>
Sedative withdrawal questions (DRSV11 and DRSV12): Edited the question wording to ask if the R had two or more symptoms of withdrawal instead of one or more symptoms.	The occurrence of two or more withdrawal symptoms for sedatives correctly reflects the criteria in the <i>Diagnostic and Statistical Manual of Mental Disorders</i> (DSM-IV) (American Psychiatric Association [APA], 1994) for sedative dependence or abuse.
<b>Questionnaire Section: Market Information for Marijuana Module</b>	
Deleted the market information for marijuana module.	<ul style="list-style-type: none"> <li>• Allowed new questions to be added for 2015 while keeping the average length of time for Rs to complete the interview at an acceptable level for most Rs.</li> <li>• This module was included in NSDUH questionnaires from 2001 to 2014. Consequently, 14 years of marijuana purchase data from NSDUH are available to analysts.</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Special Topics Module</b>	
Questions in the special topics module for driving under the influence of alcohol and illegal drugs used together (SP06a) or driving under the influence of illegal drugs only (SP06c): Updated the logic for routing Rs to these questions. <sup>3</sup>	Takes into account the new methamphetamine module and the changes to the prescription drug modules for measuring past year misuse.
<b>Questionnaire Section: Prior Substance Use Module</b>	
Question wordings for last use of smokeless tobacco in the prior substance use module among Rs whose last use was more than 30 days ago (question LU05 and series): Changed question wording to refer to smokeless tobacco as opposed to snuff to account for changes in the tobacco module. Also deleted questions about prior use of chewing tobacco (question LU06 and series in 2014).	Reflects changes to the tobacco module to replace questions about snuff and chewing tobacco with questions that ask about any type of smokeless tobacco.
Question wordings for last use of Ecstasy in the prior substance use module among Rs whose last use was more than 30 days ago (question LU15 and series): Added "Molly" as a slang term for Ecstasy.	Reflects changes in the hallucinogens module to include "Molly" as a slang term for Ecstasy.
Questions for last use of methamphetamine in the prior substance use module among Rs whose last use was more than 30 days ago (question LU17 and series): Revised the logic for routing Rs to reflect addition of the new Methamphetamine module. Also edited question wordings to delete reference to Desoxyn <sup>®</sup> or Methedrine <sup>®</sup> and to delete reference to methamphetamine use "for kicks or to get high."	<ul style="list-style-type: none"> <li>• Reflects creation of the new methamphetamine module for 2015.</li> <li>• Makes question wordings consistent with wordings in the methamphetamine module, especially to ask about any use of methamphetamine.</li> </ul>
Deleted the sequence of initiation ("which came first?") questions for cigarettes, alcohol, and marijuana.	<ul style="list-style-type: none"> <li>• Allows new questions to be added for 2015 while keeping the average length of time for Rs to complete the interview at an acceptable level for most Rs.</li> <li>• These questions were included in NSDUH questionnaires from 2004 to 2014. Consequently, 11 years of initiation sequence data from NSDUH are available to analysts.</li> </ul>
Deleted questions about the last misuse of prescription drugs from the prior substance use module.	<ul style="list-style-type: none"> <li>• Reflects redesign of prescription drug questions for 2015.</li> <li>• Allows new prescription drug questions to be added for 2015 while keeping the average length of time for Rs to complete the interview at an acceptable level for most Rs.</li> </ul>
Deleted questions about the source of methamphetamine from the prior substance use module.	<ul style="list-style-type: none"> <li>• Because most methamphetamine that is used in the United States is produced illegally, diversion of methamphetamine that is produced by the pharmaceutical industry is not an important way that users obtain this drug.</li> <li>• In the 2013 NSDUH detailed tables, several estimates of the sources of methamphetamine by age group or friends' or relatives' sources of methamphetamine by age group were suppressed because of low precision, even with pooled data from 2 survey years (CBHSQ, 2014).</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Drug Treatment Module</b>	
Lifetime receipt of substance treatment (question TX01): Revised the logic for determining who is eligible to be asked questions about treatment for use of alcohol or other drugs, not including cigarettes.	Takes into account changes or new modules for hallucinogens, inhalants, methamphetamine, and prescription drugs.
Hospital emergency room visits in the past 12 months for use of cocaine, heroin, marijuana, lysergic acid diethylamide (LSD), PCP, or methamphetamine (question TX05): Revised the logic for determining who is asked this question. Also changed "methamphetamine" to lowercase.	Reflects addition of the new methamphetamine module and deletion of methamphetamine questions in the special drugs module.
Perceived need for additional treatment in the past 12 months for specific substances (question TX10): Added methamphetamine as a response option and renumbered subsequent response options.	Reflects addition of the new methamphetamine module.
Perceived need for treatment in the past 12 months for hallucinogens (question TX15): Revised the logic for determining who is eligible to be asked this question.	Takes into account the movement of hallucinogens from the special drugs module to the hallucinogens module.
Perceived need for treatment in the past 12 months for inhalants (question TX16): Revised the logic for determining who is eligible to be asked this question.	Takes into account the addition of two new questions for lifetime use of specific inhalants.
Added new question on perceived need for treatment in the past 12 months for methamphetamine (question TX16a).	Reflects addition of the new methamphetamine module.
Perceived need for treatment in the past 12 months for prescription drugs (questions TX17 through TX20): Revised the logic for determining who is eligible to be asked these questions.	Takes into account the changes to the prescription drug modules.
Last or current treatment for hallucinogens (question TX30): Revised the logic for determining who is eligible to be asked this question.	Takes into account the movement of hallucinogens from the special drugs module to the hallucinogens module.
Last or current treatment for inhalants (question TX31): Revised the logic for determining who is eligible to be asked this question.	Takes into account the addition of two new questions for lifetime use of specific inhalants.
Added new question on last or current treatment for methamphetamine (question TX31a).	Reflects addition of the new methamphetamine module.
Last or current treatment for prescription drugs (questions TX32 through TX35): Revised the logic for determining who is eligible to be asked these questions.	Takes into account the changes to the prescription drug modules.
Main substance for last or current treatment, if Rs reported receiving treatment for more than one substance (question TX37): Added methamphetamine to the list of response options and renumbered all subsequent response options.	Reflects addition of the new methamphetamine module.
Lifetime receipt of treatment for alcohol or other drugs (questions TX45 through TX48 and TX49a): Revised the logic for determining who is eligible to be asked these questions.	Takes into account changes or new modules for hallucinogens, inhalants, methamphetamine, and prescription drugs.

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Health Module</b>	
In the health module, moved up the height and weight questions to follow the questions on pregnancy. These will now be the first questions in the module for females aged 45 or older and for males.	<ul style="list-style-type: none"> <li>• Reflects item placement in the questions that were field tested.</li> <li>• Questions are organized more logically than in 2014. For example, all questions in 2015 about health care visits are grouped together.</li> </ul>
Moved the questions on emergency room visits and overnight hospitalizations in the past 12 months to follow the height and weight questions.	<ul style="list-style-type: none"> <li>• Reflects item placement in the questions that were field tested.</li> <li>• Questions are organized more logically than in 2014. For example, questions in 2015 about outpatient health care visits immediately follow the questions about emergency room visits and overnight hospitalizations.</li> </ul>
Deleted questions about specific health conditions in the lifetime period and the past 12 months (questions CHKLST and CHK12M).	Replaced by a new set of questions (see HLTH25 below).
With the deletion of CHKLST and CHK12M, questions about the number of outpatient visits in the past 12 months will follow the questions about emergency room visits and overnight hospitalizations.	<ul style="list-style-type: none"> <li>• Reflects item placement in the questions that were field tested.</li> <li>• Questions are organized more logically than in 2014.</li> </ul>
Advice by a health care professional in the past 12 months about cessation of tobacco use (question HLTH21): Revised the logic for determining who is asked this question.	Reflects the creation of a single set of questions for smokeless tobacco and deletion of questions for snuff and chewing tobacco in the tobacco module.
Advice by a health care professional in the past 12 months about use of specific illicit drugs (question HLTH23): Revised the logic for determining who is asked this question.	Takes into account changes or new modules for hallucinogens, inhalants, and methamphetamine.
Lifetime health conditions (question HLTH25): Replaced CHKLST with this revised list of lifetime health conditions.	Simplifies list of conditions into fewer but more commonly reported items.
Detailed cancer questions (questions HLTH26 through HLTH29): Added new questions about types of cancer that were diagnosed, age at first diagnosis, and presence of cancer in the past year.	Reflects a need to gather more detailed data about the onset of various cancer diagnoses.
Detailed questions for other health conditions (questions HLTHOHint through HLTH41): Added new questions about age at first diagnosis of various health conditions and whether Rs still have specific health conditions.	Reflects a need to gather more detailed data about the onset and continuation of various health conditions.
<b>Questionnaire Section: Social Environment Module</b>	
Number of moves for adults in the past 5 years (question SEN04): Deleted this question.	Removed as an unnecessary item to simplify the survey.
<b>Questionnaire Section: Parenting Experiences Module</b>	
Question PE02b in the parent experiences module: Revised the question to read as follows: "In the past 12 months, do you think your child has used any 'smokeless' tobacco, such as snuff, dip, chewing tobacco or 'snus', even once?" In 2014, the question asked about "any chewing tobacco or snuff."	Reflects the creation of a single set of questions for smokeless tobacco and deletion of questions for snuff and chewing tobacco in the tobacco module.

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Youth Experiences Module</b>	
Number of moves for youths aged 12 to 17 in the past 5 years (question YE04): Deleted this question.	Removed as an unnecessary item to simplify the survey.
<b>Questionnaire Section: Definitions for Use in Consumption of Alcohol Module</b>	
Revised the logic for identifying past month users of heroin who are eligible to be asked questions in the consumption of alcohol module about heroin use at the same time or within a couple of hours of the last episode of alcohol use in the past 30 days.	Reflects the changes to placement of questions about heroin use in the special drugs module.
Revised the logic for identifying past month users of hallucinogens who are eligible to be asked questions in the consumption of alcohol module about hallucinogen use at the same time or within a couple of hours of the last episode of alcohol use in the past 30 days.	Takes into account the movement of hallucinogens from the special drugs module to the hallucinogens module.
Revised the logic for identifying past month users of methamphetamine who are eligible to be asked questions in the consumption of alcohol module about methamphetamine use at the same time or within a couple of hours of the last episode of alcohol use in the past 30 days.	Reflects addition of the new methamphetamine module and changes to methamphetamine questions in the special drugs module.
<b>Questionnaire Section: Consumption of Alcohol Module</b>	
Any use of other substances in connection with the last occasion of alcohol use in the past 30 days (question CA08): Edited the logic for listing other substances that Rs used in the past 30 days to remove prescription drugs.	Reflects movement of questions about misuse of prescription drugs in combination with alcohol in the past 30 days to the corresponding prescription drug modules.
Use of specific other substances in connection with the last occasion of alcohol use in the past 30 days (question CA09): Revised the logic for determining the drugs that Rs are asked about, including removal of prescription drugs.	Takes into account changes or new modules for hallucinogens, inhalants, methamphetamine, and prescription drugs.
Lifetime binge alcohol use and first binge alcohol use (questions CA10 and CA11 series): Revised the logic for females to ask about consumption of four or more drinks on an occasion. (For males, the question continues to ask about consumption of five or more drinks on an occasion.)	Reflects changes to the threshold for binge alcohol use for females from consumption of five or more drinks on an occasion to consumption of four or more drinks on an occasion (see question AL08 above).
Deleted questions on consumption of four or more drinks on an occasion for females (questions CA12, CA13, and the CA14 series).	Reflects changes to the threshold for binge alcohol use for females and changes to the question CA10 and CA11 series that were described above.
<b>Questionnaire Section: End of ACASI and Back-End Demographics</b>	
Back-end demographics, including moves and immigrant status, education (other than highest level of education), and employment and workplace issues: Moved questions from CAPI to ACASI.	These questions were moved to ACASI to minimize interviewer burden and maximize standardization in order to reduce potential interviewer effects.
Number of moves in the past 12 months (question QD13): Deleted the logic for number of moves in the past 5 years.	Reflects deletion of question SEN04 for adults in the social environment module and question YE04 for youths in the youth experiences module.
Lived in the United States for at least 1 year, if R was not born in the United States (question QD16a): Added logic so that only those who report at least one move in the past 12 months will be asked whether they have lived in the United States for at least 1 year.	Ensures accurate reporting of time spent in the United States for Rs who were not born in the United States.

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
Number of months living in the United States, if R was not born in the United States (question QD16c): Edited the text of this item to include the instruction to enter "0" if Rs have lived in the United States for less than 1 month (instead of as an interviewer instruction).	Reflects movement of the question to ACASI.
Added two new questions about sexual orientation and sexual attraction to be asked only of adults (questions QD62 and QD63).	Addresses specific HHS goals for measuring sexual orientation and attraction (HHS, 2011).
Added new questions about language and disability (questions QD55 through QD61).	Addresses specific HHS goals for measuring language and disability (HHS, 2011).
<b>Questionnaire Section: Education Module</b>	
Current grade in school (question QD18): Deleted the hard error that was triggered if the current grade or year of school (QD18) was lower than the highest grade or year of school that had been completed (QD11). Added consistency check questions that were triggered if (1) QD11 indicated that the R had a bachelor's degree but QD18 indicated current enrollment at a lower level of education; or (2) QD11 indicated receipt of a high school diploma or GED certificate but QD11 indicated current enrollment in the 12th grade or lower. Question QD18CC04 allows Rs to change their highest level of education.	Consistency check questions are used instead of a hard error to allow respondents to change their highest level of education and to ensure correct responses are being recorded.
Days absent from school in the past 30 days (questions QD20 and QD21): Moved interviewer notes to the question text to clarify definitions for how to report the answer.	<ul style="list-style-type: none"> <li>• Reflects movement of the question to ACASI.</li> <li>• When the questions were administered using CAPI, interviewers needed to use this information only if Rs needed further clarification about how to answer the questions.</li> </ul>
Removed questions about receipt of a high school diploma, receipt of a GED certificate, reasons for leaving school without a high school diploma (including the "OTHER, Specify" item), and the age when Rs left school.	Categories have been added to QD11 for receipt of a high school diploma or GED certificate or for completion of the 12th grade without receipt of a high school diploma.
Marital status and number of times married (questions QD07 and QD08): Moved these questions from the interviewer-administered demographics section at the beginning of the interview to the education section later in the interview and made them ACASI.	These questions were moved to ACASI to minimize interviewer burden and maximize standardization in order to reduce potential interviewer effects.
Added new questions about family members in the military (questions QD10d through QD10f).	The Substance Abuse and Mental Health Services Administration's (SAMHSA's) Strategic Initiative on prevention of substance abuse and mental illness includes a focus on families of military service members (SAMHSA, 2014).

See notes at end of table.

(continued)



**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
<b>Questionnaire Section: Employment Module</b>	
Removed employment questions related to industry and occupation.	<ul style="list-style-type: none"> <li>• These items were removed from the survey because they were identified as low priority items and for brevity.</li> <li>• Industry and occupation questions also do not lend themselves well to self-administration because they require interviewer probing to capture complete and accurate information for coding.</li> </ul>
Work and having a job in the past week (questions QD26 and QD27): Moved interviewer notes about unpaid work to become notes that Rs can access by pressing a function key.	<ul style="list-style-type: none"> <li>• Reflects movement of the questions to ACASI.</li> <li>• Rs who do not need to hear additional information about the meaning of "unpaid work" can skip this information.</li> </ul>
Year in which Rs last worked for pay (question QD39a): Moved an interviewer instruction to the question text to provide information on how Rs should report that they never worked for pay.	<ul style="list-style-type: none"> <li>• Reflects movement of the question to ACASI.</li> <li>• When the questions were administered using CAPI, the instruction to interviewers was not to be read to Rs.</li> </ul>
Days absent from work in the past 30 days (questions QD40 and QD41): Added notes to the question text that formerly were in an interviewer note to clarify types of days missed from work that should not be counted in the answer.	<ul style="list-style-type: none"> <li>• Reflects movement of the question to ACASI.</li> <li>• When the questions were administered using CAPI, interviewers needed to use this information only if Rs needed further clarification about how to answer the questions.</li> </ul>
Number of people at the R's workplace (question QD42): Deleted this question.	<ul style="list-style-type: none"> <li>• This item was removed because of its relation to the earlier deleted employment questions.</li> <li>• This item also was identified as being a low priority item and it was confusing to Rs.</li> </ul>
<b>Questionnaire Section: Household Roster</b>	
Deleted questions about whether relationships are biological, step, adoptive, or foster. For example, FTHRTYPE in 2014 asked whether the person was the R's biological, step, adoptive, or foster father.	These items were removed as potentially sensitive for respondents and for brevity.
Proxy information question QP02 about the R's relationship to the other adult who could answer the health insurance and income questions: Revised response option number 10 from "OTHER ADULT/RELATIVE" to "OTHEADULT RELATIVE."	<ul style="list-style-type: none"> <li>• Only relatives living in the household should be able to serve as proxies for answering the health insurance and income questions.</li> <li>• The previous wording (which was not read to Rs) implied that any adult in the household could serve as a proxy for the R.</li> </ul>
<b>Questionnaire Section: Health Insurance</b>	
Medicaid coverage (question QHI02): Added the phrase "Medicaid may also be called Medical Assistance" to the question.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs (or their proxies).<sup>4</sup></li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>
Coverage by the Children's Health Insurance Program (CHIP; question QHI02a): Moved the interviewer note about CHIP to the question text.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>

See notes at end of table.

(continued)

**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
Military health care coverage (question QHI03): Added an introductory statement explaining who may be eligible for military health care coverage. Also added definitions for CHAMPUS (Civilian Health and Medical Program of the Uniformed Services), CHAMPVA (Civilian Health and Medical Program of the Veterans Administration), the VA (Department of Veterans Affairs), and military health care that are read to all Rs.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>
Private health insurance coverage (QHI06): Moved information about private health insurance formerly contained in an interviewer note to the question text.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>
Source of private health insurance (question QHI07): Added further explanation to the question to indicate where private health insurance can be obtained.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>
Periods without health insurance coverage in the past 12 months (questions QHI13 and QHI14): Added logic to fill in the reference date to define the start of the past 12 months.	Reflects replacement of the paper calendar with an electronic calendar for defining reference dates that was filled out at the beginning of the interview.
<b>Questionnaire Section: Income</b>	
Social Security income (question QI01N): Revised the question to include information on who receives Social Security payments.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>
Supplemental Security Income (SSI; question QI03N): Revised the question to include a definition and other information about SSI.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> </ul>
Income from pay or wages while working at a job (question QI05N): Deleted this question.	Assuming that income from wages is the most likely source of income for most families, deleting this question removes the opportunity for Rs (or their proxies) to report that they did not receive income from wages.
Question about the Supplemental Nutrition Assistance Program (SNAP) (question QI07N): Revised the question to refer to SNAP, indicate that this formerly referred to food stamps, and to include additional definitions.	<ul style="list-style-type: none"> <li>• Ensures that added information will be read to all Rs.</li> <li>• Prior to 2015, this information was contained in optional text for interviewers to read.</li> <li>• Reflects the renaming of the food stamp program to SNAP.</li> </ul>
Cash assistance from state or county welfare programs (question QI08N): Revised the question to use the word "borough" or "parish" if appropriate for a given state.	Alaska uses "borough" and Louisiana uses "parish" to describe the substate divisions corresponding to counties in other states.
Sources of non-monetary welfare assistance (question QI10N): Changed the wording from "any other kind of welfare or public assistance" to any other kind of non-monetary welfare or public assistance."	Clarifies that this question is about non-monetary forms of welfare or public assistance.

See notes at end of table.

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**Table A.1 Questionnaire Changes for the 2015 Survey and Reasons for Changes (continued)**

Questionnaire Change for 2015	Reasons for Change
Receipt of any type of welfare or public assistance in the past 12 months (question QI12AN): Added the explanation that Rs are to include cash or non-monetary assistance in answering the question.	Clarifies that this question pertains to all forms of welfare or public assistance.
Number of months that Rs or other family members received welfare or public assistance in the past 12 months (question QI12BN): Changed "not including food stamps" to "not including SNAP benefits." Also added the explanation that was included for question QI12AN.	<ul style="list-style-type: none"> <li>• Clarifies that this question pertains to all forms of welfare or public assistance, except for SNAP benefits.</li> <li>• Reflects the change from "food stamps" to "SNAP benefits" in question QI07N.</li> </ul>
Introductory screen on sources of income prior to asking about total personal and household income from all sources (INTRTINN): Reordered the sources of income by likely order from most common to less common, and added "income earned at a job or business" as the first source on the list.	<ul style="list-style-type: none"> <li>• Reflects the deletion of question QI05N.</li> <li>• Presents the list of other sources of income in an order that is likely to be salient to most Rs.</li> <li>• Including "income earned at a job or business" as the first example on the list could improve Rs' reporting of their total personal or family incomes.</li> </ul>
Total personal and family incomes of \$20,000 or more (questions QI21B and QI23B, respectively): Revised the category for the second-highest income level to "\$100,000 to \$149,999" and revised the category for the highest income level from "\$100,000 or more" to "\$150,000 or more."	This response option was changed to allow more precise data to be collected.
Number of home telephone numbers (question QI24 in 2014): Replaced this question with a "yes/no" question (CELL1) about whether there are any telephone numbers at the dwelling unit (DU) that are not for cell phones and included an additional "yes/no" question (CELL2) about whether anyone at the DU has a working cell phone.	<ul style="list-style-type: none"> <li>• A single "yes/no" question about whether the DU has any telephones other than cell phones at the DU is likely to be easier to answer than a question that asks Rs to report the total number of separate telephone numbers (other than cell phone numbers) at that DU.</li> <li>• An answer of "no" to CELL1 combined with an answer of "yes" to CELL2 indicates that the DU has telephone coverage only through cell phones.</li> </ul>

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<sup>1</sup> These questions will be moved back to computer-assisted personal interviewing (CAPI) for the 2016 NSDUH because preliminary results from the 2015 data showed a high rate of item nonresponse and because adolescent respondents aged 12 to 17 had difficulty answering the questions correctly in audio computer-assisted self-interviewing (ACASI).

<sup>2</sup> See "Drinking Levels Defined" on the pages entitled "Alcohol & Your Health" and "Overview of Alcohol Consumption" at <http://www.niaaa.nih.gov/>.

<sup>3</sup> For 2016, this series will not ask about "illegal drugs" collectively but will ask separate questions about driving under the influence of alcohol, marijuana, cocaine/crack, heroin, hallucinogens, inhalants, and methamphetamine individually. Respondents also will be asked about driving under the influence of alcohol only.

<sup>4</sup> For brevity, subsequent changes for health insurance and income items refer only to respondents (Rs). These changes also are relevant to other family members in the dwelling unit who answer these questions as proxies for the Rs.

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015.

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