

# Data Dictionary

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2007 National Roadside Survey of Alcohol and Drug Use  
by Drivers

# Data Dictionary for the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers

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## Data Dictionary for the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers

### Data dictionary organization

The data dictionary is divided into four sets of variables: 1) variables that provide information about the location and time of day of the survey and participants who met inclusion criteria; 2) variables in the order the corresponding questions appear on the data collection instrument (see Appendix A); 3) self-reported use of medications and drugs and driving – these are also on the data collection instrument; 4) laboratory results for the presence of substances (alcohol and drugs) in the blood and oral fluid samples.

### Binomial values

The convention used for variable values that relate to Yes/No; Present/Absent is either 1=Yes/Present and 2=No/Absent or 1=Yes/Present and 0=No/Absent. Missing data or ‘Did not respond/Refused to answer’ is given by ‘99’ or ‘999’ or ‘.’ or ‘.’.

### List of Variables

1) This first set of variables provides information about the location and time of day of the survey, and inclusion variables (whether or not person met inclusion criteria and accepted invitation to participate in the study). These variables do not appear on the data collection instrument.

Also included in this first set is the ‘weight’ variable. The ‘weight’ variable can be used to standardize frequencies and proportions to the general US population involved in automobile crashes. The methodology for the ‘weight’ variable is found in the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers Methodology report by Lacey, et al.

Character type variables are indicated by *Char* and numeric type variables are indicated by *Num*.

Variable Name	Type	Label/Description of Variable
DIN	String	Driver Identification Number
session	Numeric	Identifies location and time of survey: 1=Friday daytime; 2=Fri. NIGHT 1st site; 3=Fri. NIGHT 2nd site; 4=Sat. NIGHT 1st site; 5=Sat. NIGHT 2nd site
SESSION1	String	Identifies session of survey written out
STATE	String	State
NRS_AREA	String	County or City
DATE	String	Date as entered into the personal digital assistant (PDA) by the data collection technician at the survey site
psu	Numeric	Primary sampling unit of the National Analysis Sampling System/General Estimates System
eligible	Numeric	Person met inclusion criteria for NRS, 1=yes,0=no
nrsagree_r	Numeric	Eligible person agreed to participate in survey, 1=yes, 2=no, 999=unknown
weight	Numeric	Weights data to be representative of larger US population of people involved in crashes. See 2007 NRS Methods documents for details

2) This second set of variables corresponds to the questions on the data collection instrument found in Appendix A. *Drivers who report being 16 years old or younger are excluded from survey*

Variable Name	Type	Label/Description of Variable
NRS_HEARB4	String	Has participant heard about study before?
NRS_DAGE	String	OBSERVED DRIVER'S AGE; 1 = 16-20 years, 2 = 21-34 years, 3 = 35+ years
NRS_DHISP	String	OBSERVED IF DRIVER IS HISPANIC
NRS_FRONTPAS	String	FRONT PASSENGER OBSERVED
NRS_DRACE	String	OBSERVED DRIVER'S RACE/ETHNICITY
NRS_PAS1READ	String	1ST READING Passive sensor
NRS_LANGUAGE	String	LANGUAGE SURVEY (ENGL OR SPAN)
NRS_AVMILE	String	AVG DRIVER 15000 MILES PY;YOU?

NRS PERDR	String	% OF DRIVING AT NIGHT/DURING THE DAY?
NRS LIVEMI	String	MILES FROM WHERE YOU LIVE?
NRS FROM	String	Where are you coming from?
NRS HEADED	String	Where are you headed?
NRS BETMI	String	MILES BTWEEN THE 2 PLACES
NRS INTOX1	String	OBERVED/ESTIMATED INTOXICATION LEVEL
NRS PAS2READ	String	PAS, 2ND READING
NRS EVDRK	Numeric	EVER DRINK?
NRS DRKRTYPE	String	SELF-DESCRIPTION AS DRINKER
NRS DRINKWEEK	String	ALCOHOLIC BEVERAGES A WEEK
NRS TODRK	String	HAVE YOU HAD ANYTHINK TO DRINK TODAY?
NRS HRSDRK	String	How long ago finish last drink (HOURS)?
NRS MINDRK	String	How long ago finish last drink (MINUTES)?
NRS TYPDRK	String	BEER, WINE, OR LIQUOR?
NRS DRKDRV	String	DRINK AND DROVE IN PY
NRS TMSDRV	String	TIMES DRINK AND DROVE IN PY
NRS DESDRV	String	DESIGN DRIVER TODAY/TONIGHT?
NRS AGE	Numeric	What's your age? Refused =00
NRS ZIPCODE	String	What's your zip code? Refused=00000
NRS SCHOOL	String	EDUCATION LEVEL
NRS EMPLOY	String	EMPLOYMENT STATUS
NRS LATINO	String	ARE YOU HISPANIC O LATINO?
NRS RACE	String	DRIVER'S RACE
NRS TOTMI	String	MILES DRIVEN AT THE END OF THE DAY
NRS NUMDRVS	String	HOW OFTEN IN PAST WEEKS DROVE AT THIS TIME ON SAT OR SUN?
NRS CRASH	String	EVER IN NIGHTTIME CRASH AS DRIVER?
AUD SCREENER	String	OFTEN DRINK IN PY -STRING
AUD SCREENERN	Numeric	AUDIT-q1-OFTEN DRINK IN PY-NUMERIC
NRS VTYPE	String	VEHICLE TYPE
NRS DSEX	String	OBSERVED DRIVER'S GENDER
NRS DBELT	String	OBSERVED DRIVER'S SEAT BELT USE
NRS PBELT	String	OBSERVED PASSENGER'S SEAT BELT USE
NRS NUMPASS	String	NUMBER OF PASSENGERS
NRS PASS15	String	OBSERVED PASSENGER UNDER AGE 15

- 3) This third set of variables includes alcohol and drug related questionnaires. Items are listed by order of appearance on the digital questionnaire (DQ) found in Appendix A. For example, question 25 which appears on the second page would be listed as DQP2Q25. Items DQP4Q3 through DQP4Q14 consist of items measuring diagnostic criteria of alcohol abuse and dependence.

<u>Variable Name</u>	<u>Type</u>	<u>Label/Description of Variable</u>
DQP1Q1	Numeric	Q1: Tobacco
DQP1Q2	Numeric	Q2: Cough Medicines
DQP1Q3	Numeric	Q3: Other over the counter
DQP1Q4	Numeric	Q4: Pain killers
DQP1Q5	Numeric	Q5: Sleep Aids
DQP1Q6	Numeric	Q6: ADHD
DQP1Q7	Numeric	Q7: Muscle relaxants
DQP1Q8	Numeric	Q8: Dietary Supplements
DQP1Q9	Numeric	Q9: Anti-Depressants
DQP1Q10	Numeric	Q10: Marijuana
DQP1Q11	Numeric	Q11: Cocaine
DQP1Q12	Numeric	Q12: Heroin
DQP1Q13	Numeric	Q13: Methadone
DQP1Q14	Numeric	Q14: LSD
DQP1Q15	Numeric	Q15: Morphine or Codeine
DQP1Q16	Numeric	Q16: Ecstasy

DQP1Q17	Numeric	Q17: Amphetamine or Methamphetamine
DQP1Q18	Numeric	Q18: GHB
DQP1Q19	Numeric	Q19: PCP
DQP1Q20	Numeric	Q20: Rohypnol
DQP1Q21	Numeric	Q21: Ketamine
DQP1Q22	Numeric	Q22: Benzodiazepines
DQP1Q23	Numeric	Q23: Barbiturates
DQP2Q24	Numeric	q24.Do you believe any of the medications/drugs you have taken (or are taking) could affect your driving?
DQP2Q25	Numeric	q25.Have you taken any medications or drugs in the past YEAR that you think may have affected your driving?
DQP2Q26	Numeric	q26.Have you taken any medication or drugs TODAY that you think may have affected your driving?
DQP2Q27	Numeric	q27.Have you ever NOT driven because you were on a medication/drug?
DQP2Q28	Numeric	q28.During the past 12 months, were you arrested and booked for driving under the influence of alcohol or drug?
DQP2Q29A	Numeric	q29a.Was your licensed suspended?
DQP2Q29B	Numeric	q29b.Was your licensed revoked?
DQP2Q29C	Numeric	q29c.Did your serve in jail or prison?
DQP2Q29D	Numeric	q29d.Did you pay a fine?
DQP2Q29E	Numeric	q29e.Were you required to perform community service?
DQP2Q29F	Numeric	q29f.Were you placed in probation?
DQP2Q29G	Numeric	q29g.Were you required to attend an educational program?
DQP2Q29H	Numeric	q29h.Were you required to attend an educational program?
DQP2Q29I	Numeric	q29i.Other punishment?
DQP2Q29I_E	String	Q29I. Explicit Text
DQP2Q30	Numeric	q30.During the past 12 months, did your ever stay at least overnight in an impatient or residential drug or alcohol treatment program, for example, detox, rehab, a therapeutic community, or a hospital?
DQP2Q31	Numeric	q31.Have you ever been admitted to an outpatient drug or alcohol treatment program, NOT including meetings like AA or NA?
DQP2Q32	Numeric	q32.During the past 12 months, have you received treatment for your drug or alcohol use in a self-help group such as AA or NA?
DQP3_MARIJ	Numeric	DUD-initial: Not Used Marijuana in PY
DQP3_COCAI	Numeric	DUD-initial: Not Used Cocaine in PY
DQP3_PAIN_	Numeric	DUD-initial: Not Used Pain Killers in PY
DQP3Q1A	Numeric	q1-Marijuana-Affected family/work in PY
DQP3Q1B	Numeric	q1-Cocaine-Affected family/work in PY
DQP3Q1C	Numeric	q1-Pain Killers-Affected family/work in PY
DQP3Q2A	Numeric	q2-Marijuana-Risky situation in PY
DQP3Q2B	Numeric	q2-Cocaine-Risky situation in PY
DQP3Q2C	Numeric	q2-Pain Killers-Risky situation in PY
DQP3Q3A	Numeric	q3-Marijuana-Arrested in PY
DQP3Q3B	Numeric	q3-Cocaine-Arrested in PY
DQP3Q3C	Numeric	q3-Pain Killers-Arrested in PY
DQP3Q4A	Numeric	q4-Marijuana-Continue to use if trouble w/family or friends in PY
DQP3Q4B	Numeric	q4-Cocaine- Continue to use if trouble w/family or friends in PY
DQP3Q4C	Numeric	q4-Pain Killers-Continue to use if trouble w/family or friends in PY
DQP3Q5A	Numeric	q5-Marijuana-Need more-in PY
DQP3Q5B	Numeric	q5-Cocaine-Need more-in PY
DQP3Q5C	Numeric	q5-Pain Killers-Need more-in PY
DQP3Q6A	Numeric	q6-Marijuana-Less effect-in PY
DQP3Q6B	Numeric	q6-Cocaine-Less effect-in PY
DQP3Q6C	Numeric	q6-Pain Killers-Less effect-in PY
DQP3Q7A	Numeric	q7-Marijuana-try stop more than once-in PY

DQP3Q7B	Numeric	q7-Cocaine-try stop more than once-in PY
DQP3Q7C	Numeric	q7-Pain Killers-try stop more than once-in PY
DQP3Q8A	Numeric	q8-Marijuana-Used more than intended-in PY
DQP3Q8B	Numeric	q8-Cocaine-Used more than intended-in PY
DQP3Q8C	Numeric	q8-Pain Killers-Used more than intended-in PY
DQP3Q9A	Numeric	q9-Marijuana-give up in order to use-in PY
DQP3Q9B	Numeric	q9-Cocaine-give up in order to use-in PY
DQP3Q9C	Numeric	q9-Pain Killers-give up in order to use-in PY
DQP3Q10A	Numeric	q10-Marijuana- Bad after effect in PY
DQP3Q10B	Numeric	q10-Cocaine- Bad after effect in PY
DQP3Q10C	Numeric	q10-Pain Killers- Bad after effect in PY
DQP3Q11A	Numeric	q11-Marijuana- time of Bad after effect in PY
DQP3Q11B	Numeric	q11-Cocaine- time of Bad after effect in PY LABEL
DQP3Q11C	Numeric	q11-Pain Killers- time of Bad after effect in PY LABEL
DQP3Q12A	Numeric	q12-Marijuana- Continue to use if depress in PY
DQP3Q12B	Numeric	q12-Cocaine- Continue to use if depress in PY
DQP3Q12C	Numeric	q12-Pain Killers- Continue to use if depress in PY
DQP4Q1	Numeric	AUDIT-q2: in PY: How Many drinks on a typical day when drinking?
DQP4Q2	Numeric	AUDIT-q3: in PY: How often 5/6 drinks on one occasion?
DQP4Q3	Numeric	q3.Did your drinking often interfere with taking care of your home or family or cause you problems at work or school? (Abuse1)
DQP4Q4	Numeric	q4.Did you more than once get into a situation while drinking or after drinking that increased your chances of getting hurt...? (Abuse 2)
DQP4Q5	Numeric	q5.Did you get arrested, held at a police station or have legal problems because of your drinking? (Abuse3)
DQP4Q6	Numeric	q6.Did you continue to drink even though it was causing you trouble with your family or friends? (Abuse4)
DQP4Q7	Numeric	q7.Have you found that you have to drink more than you once did to get the effect you want? (Dep1-Tolerance)
DQP4Q8	Numeric	q8.Did you find that your usual number of drinks had less effect on you than it once did? (Dep2-Tolerance)
DQP4Q9	Numeric	q9.Did you more than once want to try to stop or cut down on your drinking, but you couldn't do it? (Dep3)
DQP4Q10	Numeric	q10.Did you end up drinking more or drinking for a longer period than you intended? (Dep4)
DQP4Q11	Numeric	q11.Did you give up or cut down on activities that were important to you or gave you pleasure in order to drink? (Dep5)
DQP4Q12	Numeric	q12.When the effects of alcohol were wearing off, did you experience some of bad effects of drinking...? (Dep6)
DQP4Q13	Numeric	q13.Did you spend a lot of time drinking or getting over the bad after effects of drinking? (Dep7)
DQP4Q14	Numeric	q14.Did you continue to drink even though it was causing you feel depressed or anxious or causing a health problem...? (Dep8)
DQP4Q15	Numeric	q15. Have you visited a medical facility in the past year?
DQP4Q16	Numeric	q16. In the past year, have you been told by a medical person you needed help for your drinking?
DQP4Q17	Numeric	q17. In the past year, have you sought help because of your drinking?
DQP4Q18	Numeric	q18. In the past year, have you been to an emergency room because of something related to your drinking?
DQP4Q19	Numeric	q19. In the past year, have you had 5 or more drinks (4 or more for women) in a TWO hour period?

4) This forth set of variables provides the laboratory (Lab) results from the blood (BLD) and oral fluid (OF) samples

Variable Name	Type	Label/Description of Variable
BLD DRUG	String	BLOOD-DRUG: RAW LAB RESULT
BLD ETHANOL	String	BLOOD-ETHANOL: RAW LAB RESULT
OF DRUG	String	OF-DRUG: RAW LAB RESULT

OF_ETHANOL	String	OF: RAW LAB RESULT
OF_BLD_drugpos	String	OF OR BLOOD: POSITIVE?
OF_BLD_Illegal	Numeric	OF OR BLOOD: ILLEGAL DRUG?
OF_BLD_Marijuana	Numeric	OF OR BLOOD: MARIJUANA?
OF_BLD_Sedatives	Numeric	OF OR BLOOD: SEDATIVES?
OF_BLD_CLASS	String	OF OR BLOOD: DRUG CLASS
OF_BLD_numCLASS	Numeric	OF OR BLOOD: # OF CLASSES
OF_BLD_category	String	OF OR BLOOD: CATEGORY
OF_BLD_Othercat	Numeric	OF OR BLOOD: OTHER CATEGORY?
BLD_drugpos	String	Blood: Positive or Negative
BLD_illegal	Numeric	Blood: Positive for illegal drugs
BLD_prescription	Numeric	Blood: Positive for prescription drugs
BLD_over_the_counter	Numeric	Blood: Positive for over-the-counter drugs
BLD_category	String	BLOOD CATEGORIES
OF_category	String	OF CATEGORIES
OF_class	String	OF Class
OF_drugpos	String	OF: Positive or Negative
OF_illegal	Numeric	OF: Positive for illegal drugs
OF_prescription	Numeric	OF: Positive for prescription drugs
OF_over_the_counter	Numeric	OF: Positive for over-the-counter drugs
OF_NARCOTIC_ANALGESICS	Numeric	OF: Positive for narcotic analgesics
OF_OTHER	Numeric	OF: Positive for other drugs
BLD_Amphetamines	Numeric	0=No/not present; 1=Yes/present
BLD_COCAINE	Numeric	0=No/not present; 1=Yes/present
BLD_STIMULANTS	Numeric	0=No/not present; 1=Yes/present
BLD_barbiturates	Numeric	0=No/not present; 1=Yes/present
BLD_benzodiazepines	Numeric	0=No/not present; 1=Yes/present
BLD_cannabinoids	Numeric	0=No/not present; 1=Yes/present
BLD_carisoprodol	Numeric	0=No/not present; 1=Yes/present
BLD_cough_suppr	Numeric	0=No/not present; 1=Yes/present
BLD_methadone	Numeric	0=No/not present; 1=Yes/present
BLD_opiates	Numeric	0=No/not present; 1=Yes/present
BLD_pain_killers	Numeric	0=No/not present; 1=Yes/present
BLD_sleep_aids	Numeric	0=No/not present; 1=Yes/present
BLD_streets	Numeric	0=No/not present; 1=Yes/present
BLD_tryc_antidepres	Numeric	0=No/not present; 1=Yes/present
BLD_antidepressants	Numeric	0=No/not present; 1=Yes/present
BLD_NARCOTIC_ANALGESICS	Numeric	0=No/not present; 1=Yes/present
BLD_SEDATIVES	Numeric	0=No/not present; 1=Yes/present
OF_COCAINE	Numeric	0=No/not present; 1=Yes/present
OF_antidepressants	Numeric	0=No/not present; 1=Yes/present
OF_barbiturates	Numeric	0=No/not present; 1=Yes/present
OF_benzodiazepines	Numeric	0=No/not present; 1=Yes/present
OF_pain_killers	Numeric	0=No/not present; 1=Yes/present
OF_streets	Numeric	0=No/not present; 1=Yes/present
OF_tryc_antidepres	Numeric	0=No/not present; 1=Yes/present
OF_cough_suppr	Numeric	0=No/not present; 1=Yes/present
OF_methadone	Numeric	0=No/not present; 1=Yes/present
OF_opiates	Numeric	0=No/not present; 1=Yes/present
OF_STIMULANTS	Numeric	0=No/not present; 1=Yes/present
OF_Amphetamines	Numeric	0=No/not present; 1=Yes/present
of_carisoprodol	Numeric	0=No/not present; 1=Yes/present
of_sleep_aids	Numeric	0=No/not present; 1=Yes/present
of_SEDATIVES	Numeric	0=No/not present; 1=Yes/present
of_cannabinoids	Numeric	0=No/not present; 1=Yes/present
of_MARIJUANA	Numeric	0=No/not present; 1=Yes/present

BLD ALP DOS	String	BLD Alprazolam(Conc.)
BLD AMITRI DOS	String	BLD Amitriptyline(Conc.)
BLD AMP DOS	String	BLD Amphetamines (Conc.)
BLD BARB DOS	String	BLD Barbiturates(Conc.)
BLD BUTAL DOS	String	BLD Butalbital(Conc.)
BLD BZE DOS	String	BLD Benzoylcegonine(Conc.)
BLD CARISO DOS	String	BLD Carisoprodol(Conc.)
BLD CE DOS	String	BLD Cocaethylene(Conc.)
BLD CHLOR DOS	String	BLD Chlordiazepoxide(Conc.)
BLD CLONA DOS	String	BLD Clonazepam(Conc.)
BLD CODEINE DOS	String	BLD Codeine(Conc.)
BLD DEXTROMETHORPHAN DOS	String	BLD Dextromethorphan(Conc.)
BLD DIAZEP DOS	String	BLD Diazepam(Conc.)
BLD FLUO DOS	String	BLD Fluoxetine(Conc.)
BLD HYC DOS	String	BLD Hydrocodone(Conc.)
BLD HYM DOS	String	BLD Hydromorphone(Conc.)
BLD KETAMINE DOS	String	BLD Ketamine(Conc.)
BLD LORAZ DOS	String	BLD Lorazepam(Conc.)
BLD MDA DOS	String	BLD MDA (Conc.)
BLD MDMA DOS	String	BLD MDMA (Conc.)
BLD MEPERIDINE DOS	String	BLD Meperidine(Conc.)
BLD MEPRO DOS	String	BLD Meprobamate(Conc.)
BLD METHADONE DOS	String	BLD Methadone(Conc.)
BLD METHYL DOS	String	BLD Methylphenidate(Conc.)
BLD METH DOS	String	BLD Methamphetamine(Conc.)
BLD MORPHINE DOS	String	BLD Morphine(Conc.)
BLD NC DOS	String	BLD Norcocaine(Conc.)
BLD NORDIAZ DOS	String	BLD Nordiazepam(Conc.)
BLD NORKETAMINE DOS	String	BLD Norketamine(Conc.)
BLD NORTRI DOS	String	BLD Nortriptyline(Conc.)
BLD OXAZE DOS	String	BLD Oxazepam(Conc.)
BLD OXYC DOS	String	BLD Oxycodone(Conc.)
BLD PCP DOS	String	BLD PCP(Conc.)
BLD PHENO DOS	String	BLD Phenotemazeital(Conc.)
BLD PROPOXYPHENE DOS	String	BLD Propoxyphene(Conc.)
BLD SIX AC DOS	String	BLD 6-AC(Conc.)
BLD SIX AM DOS	String	BLD 6-AM(Conc.)
BLD temaze DOS	String	BLD temaze(Conc.)
BLD THC DOS	String	BLD THC(Conc.)
BLD TRAMADOL DOS	String	BLD Tramadol(Conc.)
BLD ZOLPI DOS	String	BLD Zolpidem(Conc.)
BLD Phentermine DOS	String	BLD Phentermine(Conc.)
BLD SERTRA DOS	String	BLD Sertraline(Conc.)
BLD COC DOS	String	BLD Cocaine (Conc.)
OF ALP DOS	String	OF Alprazolam(Conc.)
OF AMITRI DOS	String	OF Amitriptyline(Conc.)
OF AMP DOS	String	OF Amphetamines (Conc.)
OF BARB DOS	String	OF Barbiturates(Conc.)
OF BUTAL DOS	String	OF Butalbital(Conc.)
OF BZE DOS	String	OF Benzoylcegonine(Conc.)
OF CARISO DOS	String	OF Carisoprodol(Conc.)
OF CE DOS	String	OF Cocaethylene(Conc.)
OF CHLOR DOS	String	OF Chlordiazepoxide(Conc.)
OF CLONA DOS	String	OF Clonazepam(Conc.)
OF COC DOS	String	OF Cocaine (Conc.)
OF CODEINE DOS	String	OF Codeine(Conc.)
OF DEXTROMETHORPHAN DOS	String	OF Dextromethorphan(Conc.)
OF DIAZEP DOS	String	OF Diazepam(Conc.)
OF FLUO DOS	String	OF Fluoxetine(Conc.)

OF HYC DOS	String	OF Hydrocodone(Conc.)
OF HYM DOS	String	OF Hydromorphone(Conc.)
OF KETAMINE DOS	String	OF Ketamine(Conc.)
OF LORAZ DOS	String	OF Lorazepam(Conc.)
OF MDA DOS	String	OF MDA (Conc.)
OF MDMA DOS	String	OF MDMA (Conc.)
OF MEPERIDINE DOS	String	OF Meperidine(Conc.)
OF MEPRO DOS	String	OF Meprobamate(Conc.)
OF METHADONE DOS	String	OF Methadone(Conc.)
OF METHYL DOS	String	OF Methylphenidate(Conc.)
OF METH DOS	String	OF Methamphetamine(Conc.)
OF MORPHINE DOS	String	OF Morphine(Conc.)
OF NC DOS	String	OF Norcocaine(Conc.)
OF NORDIAZ DOS	String	OF Nordiazepam(Conc.)
OF NORKETAMINE DOS	String	OF Norketamine(Conc.)
OF NORTRI DOS	String	OF Nortriptyline(Conc.)
OF OXAZE DOS	String	OF Oxazepam(Conc.)
OF OXYC DOS	String	OF Oxycodone(Conc.)
OF PCP DOS	String	OF PCP(Conc.)
OF PHENO DOS	String	OF Phenotemazeital(Conc.)
OF PROPOXYPHENE DOS	String	OF Propoxyphene(Conc.)
OF Phentermine DOS	String	OF Phentermine(Conc.)
OF SERTRA DOS	String	OF Sertraline(Conc.)
OF SIX AC DOS	String	OF 6-AC(Conc.)
OF SIX AM DOS	String	OF 6-AM(Conc.)
OF temaze DOS	String	OF temaze(Conc.)
OF THC DOS	String	OF THC(Conc.)
OF TRAMADOL DOS	String	OF Tramadol(Conc.)
OF ZOLPI DOS	String	OF Zolpidem(Conc.)

5) This section presents refined variables and those used for sorting purposes.

resulbac2	Numeric	Driver recorded BAC level
resulbac2 imp	Numeric	Driver imputed BAC level
Bac08	Numeric	Driver equal to or greater than .08 BAC level
AUD OFFERED	Numeric	AUD WAS OFFERED(YES=1)
AUD CURRENT	Numeric	CURRENT DRINKER (YES=1)
AUD COMPLETE	Numeric	COMPLETED THE AUD(YES=1)
AUD DEPEND	Numeric	ALCOHOL DEPENDENT (YES=1)
AUD ABUSE	Numeric	ALCOHOL ABUSER(YES=1)
AUD HEAVYD	Numeric	HEAVY DRINKER(YES=1)
AUD BINGE	Numeric	BINGE DRINKER (YES=1)
AUD NORMATIVE	Numeric	NORMATIVE DRINKER ALCOHOL ABUSER(YES=1)
AUD CAT	Numeric	AUD CATEGORIES (INCLUDING NORMATIVE)

## Appendix A

**Data collection instrument used for the 2007 National Roadside Survey of Alcohol and Drug Use by Drivers, modified for the use of data analysts.** Changes to the instrument used in the field include removal of protocol instructions for data collection technicians and other verbiage.

If subject appears to be younger than 25 years old, ask: "Are you at least 16 years of age?" If yes, continue. If no, say "Thanks, but you must be 16 to participate."

1) ESTIMATE Driver's Age:

- 16-20 (Y)
- 21-34 (M)
- 35+ (O)

2) Observation: Driver's ethnicity: Hispanic or Latino?

- Yes
- No

3) Observation: FRONT PASSENGER?

- Yes
- No

4) Observation: Driver's Race

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or Other Pacific Islander
- More than one race
- Unknown

5) First passive sensor (PAS) reading

As you are engaging the subject to speak, take first PAS Reading and record in PDA. A reading of 6 bars or more is possible indicator of impairment and requirement to engage the Impaired Driving Protocol.

6) Does participant prefer English or Spanish?

- English
- Spanish

## NATIONAL ROADSIDE SURVEY QUESTIONS

7) The average driver drives about 15,000 miles a year. Would you say you drive:

- More than average
- Average
- Less than average
- Refused to answer

8) About what percent of your total driving takes place at night/during the day?

- 0-20%
- 21-40%
- 41-60%
- 61-80%
- 81-100%
- Refused to answer

9) About how many miles away are you now from where you live?

- 0-5
- 6-10
- 11-20
- More than 20
- Refused to answer

10) Where are you coming from? (these are 2 separate questions)

Where are you headed?

<u>From</u>	<u>To</u>	<u>Place</u>
<input type="checkbox"/>	<input type="checkbox"/>	Own home
<input type="checkbox"/>	<input type="checkbox"/>	Someone else's home
<input type="checkbox"/>	<input type="checkbox"/>	Work
<input type="checkbox"/>	<input type="checkbox"/>	Restaurant/eating place
<input type="checkbox"/>	<input type="checkbox"/>	Bar, tavern, club
<input type="checkbox"/>	<input type="checkbox"/>	Sport or rec facility/park
<input type="checkbox"/>	<input type="checkbox"/>	School/church
<input type="checkbox"/>	<input type="checkbox"/>	Store or gas station
<input type="checkbox"/>	<input type="checkbox"/>	Hotel/Motel
<input type="checkbox"/>	<input type="checkbox"/>	Other
<input type="checkbox"/>	<input type="checkbox"/>	Refused to Answer

11) About how many miles is it between those two places?

- 0-5
- 6-10
- 11-15
- 16-20
- More than 20
- Refused to Answer

12) ESTIMATED INTOXICATION LEVEL

- No signs of alcohol or drug use (Level 1)
- Signs of use but no intoxication (Level 2)
- Signs of use and Intoxication (Level 3) (**Signal Supervisor**)

*For all subjects judged to be Level 3, a supervisor should be called over by calling out a code statement: "I need some dollars over here!" Continue asking questions while the Survey Manager observes how the subject is able to answer the questions and determine if the subject (1) has the ability to give consent AND (2) if the interview should be stopped and the Impaired Driving Protocol activated. Eight bars on the PAS requires the signaling of a Survey Manager.*

13) Second passive sensor reading (PAS)

- 1 green
- 2 green
- 1 yellow
- 2 yellow
- 3 yellow
- 4 yellow
- 1 red
- 2 red (Signal Supervisor)
- 3 red (Signal Supervisor)
- 00
- Not used

14) Now I have a question about your use of alcohol. Do you ever drink alcoholic beverages such as beer, wine, or liquor—or are you a total abstainer?

- Yes
- No, total abstainer. ***[GO TO Q.21 (Are you a designated driver?)]***
- Refused to Answer

15) In general would you describe yourself as:

- A very light drinker
- A fairly light drinker
- A moderate drinker
- A fairly heavy drinker
- A very heavy drinker
- Refused to Answer

16) About how many alcoholic beverages do you consume in an average week?

- 0
- 1-2
- 3-4
- 5-7
- 8-14
- More than 14
- Refused to answer

17) Have you had anything to drink today?

- Yes
- No ***[GO TO Q.20 (Did you drink and drive in the past year?)]***
- Refused to Answer ***[GO TO Q.20 (Did you drink and drive in the past year?)]***

18) How long ago did you finish your last drink?

\_\_\_\_\_Hours \_\_\_\_\_Minutes (99 and 99 if refused)

19) Was that beer, wine, or liquor”?

- Beer
- Wine
- Liquor
- Other
- Refused to answer

20) In the past 12 months, did you ever drive after drinking enough that you might be considered to be legally under the influence of alcohol?

- Yes--> How many times did that happen would you say? \_\_\_\_ times) (“99” if refusal)
- No
- Refused to answer

21) Tonight/Today, are you, or have you been, a designated driver?

- Yes
- No
- Refused to Answer

22) What is your age? \_\_\_\_\_ years (“00” if refused.)

23) What is your zip code? \_\_\_\_\_ (“00000” if refused)

24) How far have you gone in school?

- Not a high school graduate
- High school grad
- Some college
- College graduate
- Some graduate work
- Refused to Answer

25) Are you currently employed, unemployed, retired, on disability, a homemaker, a student, or other?

- Employed/Self-employed
- Unemployed
- Retired
- On disability
- Homemaker
- Student
- Other \_
- Refused to Answer

26) Are you Hispanic or Latino?

- Yes
- No
- Refused to answer

27) To which racial group would you say you belong?

- White
- Black or African American
- Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- More than one race
- Other
- Unknown
- Refused to identify

The next three questions are about your general driving behavior. We are almost done with this part of the survey.

28) How many total miles will you have driven today by the end of the day?

- 0-5
- 6-10
- 11-20
- More than 20
- Refused to answer

29) How often in the past 4 weeks, have you been driving at about this same time on a Friday/Saturday.

- Once
- Twice
- Three times
- Four times
- Refused to Answer

30) Have you ever been involved in a nighttime crash as a driver?

- Yes
- No
- Refused to Answer

### **Alcohol Use Disorder (AUD) SCREENER**

- There are 15 questions in the AUD screen.
- This is the first of the 15 questions in the AUD screen.
- The remainder of the AUD screen questions are on page 10, questions 1-14.

If participant answers "Never" or "Refused to Answer" to this first question the AUD screen is not performed.

31) In the past year, how often did you have a drink containing alcohol?

- Never
- Monthly or less
- 2-4 times/month
- 2-3 times/week
- 4 or more times/week
- Refused to Answer

## OBSERVATIONAL DATA on VEHICLE AND PASSENGERS

32) Vehicle Type:

- Car
- SUV
- Minivan
- Van
- Pickup
- Other
- Motorcycle
- Unknown

33) Driver's Sex:

- Male
- Female
- Unknown

34) Safety Belts

- | <b>Driver</b>            | <b>Passenger (these are 2 separate questions)</b>                        |
|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> Lap and shoulder belts (Helmet Use/Motorcycles) |
| <input type="checkbox"/> | <input type="checkbox"/> Shoulder belt only                              |
| <input type="checkbox"/> | <input type="checkbox"/> Lap belt only                                   |
| <input type="checkbox"/> | <input type="checkbox"/> No use / no belt                                |
| <input type="checkbox"/> | <input type="checkbox"/> Unknown   |
|                          | <input type="checkbox"/> Not applicable (no passengers)                  |

35) Number of Passengers (excluding driver)

0 1 2 3 4 5 6+

36) Passengers under age 15 present:

- Yes
- No
- Unknown

**WELCOME TO THE NATIONAL ROADSIDE SURVEY**

AUD     Yes     No

DIN    \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

The following questions ask about use of medications and drugs and driving. This is for research purposes only. All your responses are completely anonymous. The following is a list of medications/drugs people may use. Please indicate when was the last time (if ever) you used that particular medication/drug.

	Past 24 hours	Past 2 days	Past month	Past year	Over a year	Never
1. Tobacco (e.g., cigarettes, cigars)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Cough medicines (e.g., Robitussin, Vicks 44, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Other over the counter medicines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Prescription pain killers (e.g., Percocet, Oxycotin, Oxycodone, Demerol, Darvon)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Ambien or other sleep aids	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. ADHD medications (e.g., Ritalin, Aderall, Concerta)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Muscle relaxants (e.g., Soma, Miltown)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Prescription dietary supplements (e.g., Phentamine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Anti-depressants (e.g., Prozac, Zoloft)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. Marijuana (e.g., pot, hash, weed)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
11. Cocaine (e.g., crack or coke)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
13. Methadone	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. LSD (acid)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
15. Morphine or Codeine (e.g., Tylenol with Codeine)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
16. Ecstasy (e.g., "E", Extc, MDMA, "X")	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
17. Amphetamine or Methamphetamine (e.g., speed, crank, crystal meth)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
18. GHB	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
19. PCP (e.g., Angel dust)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
20. Rohypnol (Ruffies)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
21. Ketamine (Special K)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
22. Benzodiazepines (e.g., Valium or tranquilizers)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
23. Barbiturates (e.g., Phenobarbital)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Continue to next page

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THE NATIONAL ROADSIDE SURVEY

24. Do you believe any of the medications/drugs you have taken (or are taking) could affect your driving?

Yes  No

25. Have you taken any medications or drugs in the past YEAR that you think may have affected your driving?

Yes  No

26. Have you taken any medications or drugs TODAY that you think may affect your driving?

Yes  No

27. Have you ever NOT driven because you were on a medication/drug?

Yes  No

28. During the past 12 months, were you arrested and booked for driving under the influence of alcohol or drugs?

Yes  No (If no, skip to question #30)

29. During the past 12 months, as a result of an arrest and/or conviction for driving under the influence of alcohol or drugs:

- |  |  |  |  |
|--|--|--|--|
| a. Was your license suspended?                     | <input type="radio"/> Yes <input type="radio"/> No | f. Were you placed on probation?                       | <input type="radio"/> Yes <input type="radio"/> No |
| b. Was your license revoked?                       | <input type="radio"/> Yes <input type="radio"/> No | g. Were you required to attend an educational program? | <input type="radio"/> Yes <input type="radio"/> No |
| c. Did you serve time in jail or prison?           | <input type="radio"/> Yes <input type="radio"/> No | h. Were you required to attend a treatment program?    | <input type="radio"/> Yes <input type="radio"/> No |
| d. Did you pay a fine?                             | <input type="radio"/> Yes <input type="radio"/> No | i. Other punishment (If yes, please explain below)     | <input type="radio"/> Yes <input type="radio"/> No |
| e. Were you required to perform community service? | <input type="radio"/> Yes <input type="radio"/> No |  |  |

Please print clearly: \_\_\_\_\_

30. During the past 12 months, did you ever stay at least overnight in an inpatient or residential drug or alcohol treatment program, for example, detox, rehab, a therapeutic community, or a hospital?

Yes  No

31. Have you ever been admitted to an outpatient drug or alcohol treatment program, NOT including meetings like AA or NA? (An "outpatient program" is meant as a drug or alcohol treatment program where you do not stay overnight.)

Yes  No

32. During the past 12 months, have you received treatment for your drug or alcohol use in a self-help group such as Alcoholics Anonymous or Narcotics Anonymous?

Yes  No

**THE NATIONAL ROADSIDE SURVEY**

**The following questions are about your use of marijuana, cocaine and non-prescribed use or overuse of prescription pain killers in the past year.**

	<b>Marijuana</b>		<b>Cocaine</b>		<b>Prescription Pain Killers</b>
If not used in the past year, mark <b>NO USE</b> and turn page.	○ No Use	⇒	○ No Use	⇒	○ No Use
1. In the past year, did your use often interfere with taking care of your home or family or cause you problems at work or school?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
2. In the past year, did you more than once get into a situation while using or after using that increased your chances of getting hurt-like driving a car or other vehicle or using heavy machinery?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
3. In the past year, did you get arrested, held at a police station or have legal problems because of your use?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
4. In the past year, did you continue to use even though it was causing you trouble with your family or friends?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
5. In the past year, have you found that you have to use more than you once did to get the effect you want?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
6. In the past year, did you find that your usual amount had less effect on you than it once did?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
7. In the past year, did you more than once want to try to stop or cut down on your use, but you couldn't do it?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
8. In the past year, did you end up using more or using for a longer period than you intended?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
9. In the past year, did you give up or cut down on activities that were important to you or gave you pleasure in order to use?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
10. In the past year, when the medication/drug effects were wearing off, did you experience some of the bad after effects -- like trouble sleeping, feeling nervous, restless, anxious, sweating or shaking, or did you have seizures or sense things that weren't really there?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
11. In the past year, did you spend a lot of time using or getting over the bad after effects of use?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No
12. In the past year, did you continue to use even though it was causing you to feel depressed or anxious or causing a health problem or making one worse?	○ Yes ○ No	⇒	○ Yes ○ No	⇒	○ Yes ○ No

**THE NATIONAL ROADSIDE SURVEY**

**1.** In the past year, how many drinks containing alcohol did you have on a typical day when you were drinking?

- 1 - 2
- 3 - 4
- 5 - 6
- 7 - 9
- 10 or more

**10.** Did you end up drinking more or drinking for a longer period than you intended?

- Yes  No

**11.** Did you give up or cut down on activities that were important to you or gave you pleasure in order to drink?

- Yes  No

**2.** In the past year, how often did you have six (five for a woman) or more drinks on one occasion?

- Never
- Less than monthly
- Monthly
- Weekly
- Daily/almost daily

**12.** When the effects of alcohol were wearing off, did you experience some of the bad after effects of drinking -- like trouble sleeping, feeling nervous, restless, anxious, sweating or shaking, or did you have seizures or sense things that weren't really there?

- Yes  No

**3.** Did your drinking often interfere with taking care of your home or family or cause you problems at work or school?

- Yes  No

**13.** Did you spend a lot of time drinking or getting over the bad after effects of drinking?

- Yes  No

**4.** Did you more than once get into a situation while drinking or after drinking that increased your chances of getting hurt--like driving a car or other vehicle or using heavy machinery after having had too much to drink?

- Yes  No

**14.** Did you continue to drink even though it was causing you to feel depressed or anxious or causing a health problem or making one worse?

- Yes  No

**5.** Did you get arrested, held at a police station or have legal problems because of your drinking?

- Yes  No

**15.** Have you visited a medical facility in the past year (for example, seen a doctor or medical person, been to the hospital, etc.)?

- Yes  No

**6.** Did you continue to drink even though it was causing you trouble with your family or friends?

- Yes  No

**16.** In the past year, have you been told by a medical person you needed help for your drinking?

- Yes  No

**7.** Have you found that you have to drink more than you once did to get the effect you want?

- Yes  No

**17.** In the past year, have you sought help because of your drinking?

- Yes  No

**8.** Did you find that your usual number of drinks had less effect on you than it once did?

- Yes  No

**18.** In the past year, have you been to an emergency room because of something related to your drinking?

- Yes  No

**9.** Did you more than once want to try to stop or cut down on your drinking but you couldn't do it?

- Yes  No

**19.** In the past year, have you had 5 or more drinks (4 or more for women) in a TWO hour period?

- Yes  No