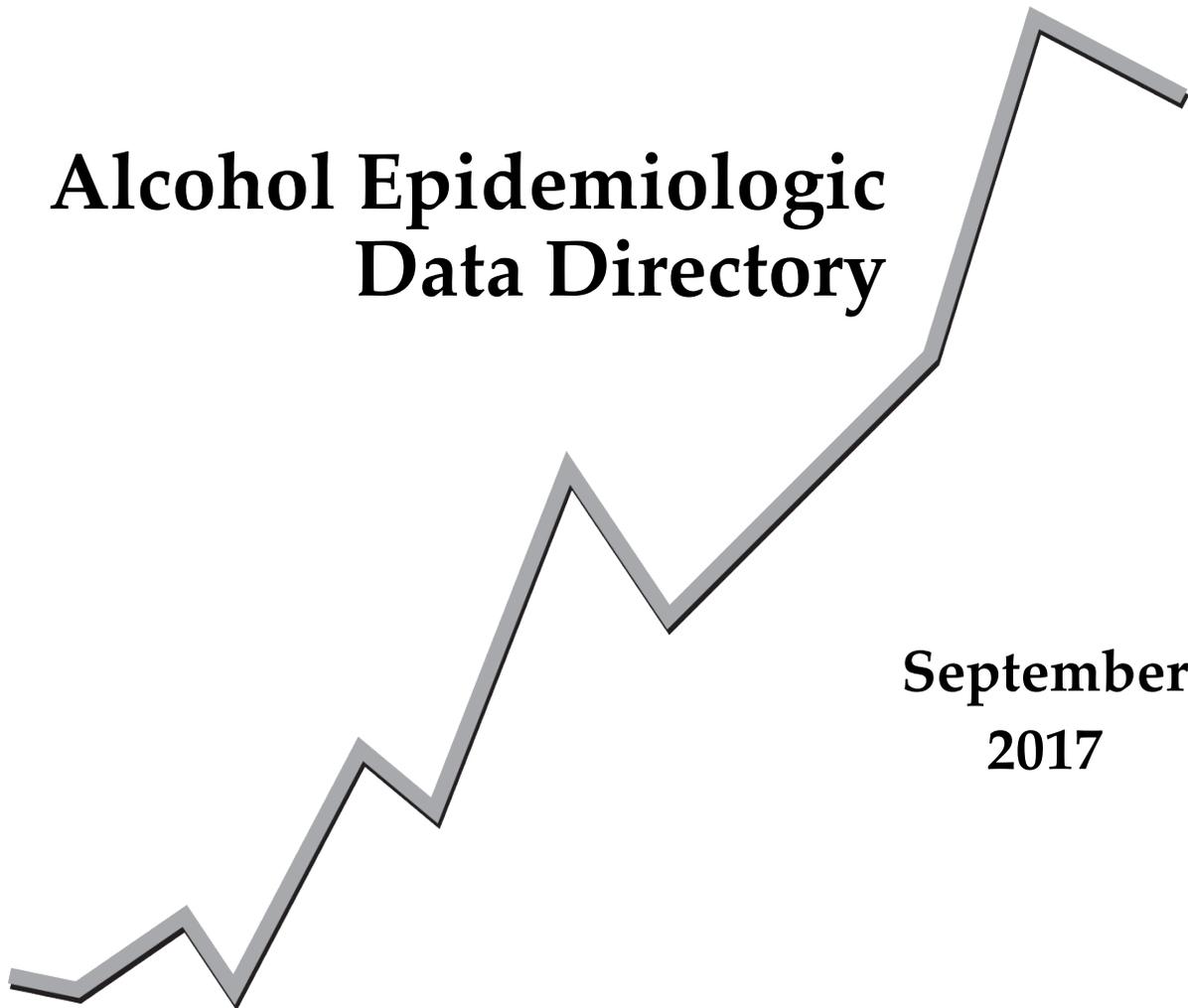


Alcohol Epidemiologic Data System  
Division of Epidemiology and Prevention Research  
National Institute on Alcohol Abuse and Alcoholism

# Alcohol Epidemiologic Data Directory



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# TABLE OF CONTENTS

INTRODUCTION .....	3
Section 1: National Health and Alcohol Data Sets .....	5
Alcohol and Drug Services Study (ADSS)—1996–1997, 1997–1999, and 1998–1999.....	7
Behavioral Risk Factor Surveillance System (BRFSS)—1984–2015, Annually .....	8
Collaborative Studies on Genetics of Alcoholism (COGA)—1991–2016, Ongoing .....	10
Drug Abuse Warning Network (DAWN)—2003–2011, Annually .....	11
Drug Services Research Survey (DSRS)—1990 .....	12
Fatality Analysis Reporting System (FARS)—1975–2015, Annually.....	13
Healthcare Cost and Utilization Project (HCUP) Nationwide Emergency Department Sample (NEDS)—2006–2014, Annually .....	14
Healthcare Cost and Utilization Project (HCUP) National (Nationwide) Inpatient Sample (NIS)—1988–2014, Annually .....	15
National Alcohol Survey (NAS)—1964–1965, 1967, 1969, 1974, 1979, 1984, 1990, 1992, 1995– 1996, 2000–2001, 2005, 2009–2010, and 2014–2015 .....	17
National Ambulatory Medical Care Survey (NAMCS)—1973–1992, and 1993–2014, Annually.....	19
National Automotive Sampling System—General Estimates System (GES)— 1988–2015, Annually .....	20
National Comorbidity Survey (NCS)—1990–1992, Replication (NCS-R)—2001–2003 .....	21
National Crime Victimization Survey (NCVS)—1973–2015, Annually.....	22
National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)—Wave 1 (2001–2002), Wave 2 (2004–2005), Wave 3 (2012–2013).....	23
National Health and Nutrition Examination Survey I (NHANES I)—1971–1975.....	25
National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS82)—1982–1984 .....	27
National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS86)—1986 .....	29
National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS87)—1987 .....	30
National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS92)—1992 .....	31
National Health and Nutrition Examination Survey II (NHANES II)—1976–1980.....	32
National Health and Nutrition Examination Survey II Mortality Study (NH2MS)—1976– 2006 .....	33
National Health and Nutrition Examination Survey III (NHANES III)—1988–1994.....	34
National Health and Nutrition Examination Survey (Continuous NHANES)— 1999–2016 .....	35
National Health Interview Survey (NHIS)—General Description, 1957–1996, Annually.....	36
National Health Interview Survey (NHIS)—General Description, 1997–2016, Annually.....	38
National Health Interview Survey on Disability (NHIS-D) and Year 2000 Objectives—1994– 1995 .....	40
National Health Interview Survey (NHIS), Year 2000 Objectives Supplement—1993 .....	41
National Health Interview Survey (NHIS), YRBS and Cancer Epidemiology Supplements— 1992 .....	42
National Health Interview Survey (NHIS), Drug and Alcohol Use Supplement—1991 .....	43
National Health Interview Survey, Health Promotion and Disease Prevention Supplement (NHIS-HPDP)—1985, 1990, and 1991.....	44
National Health Interview Survey (NHIS), Alcohol Sections—1983 and 1988 .....	45
National Health Interview Survey (NHIS) Cancer Risk Factor Supplement, Epidemiologic Study—1987 .....	46
National Hospital Ambulatory Medical Care Survey (NHAMCS)—1992–2014, Annually.....	47
National Hospital Discharge Survey (NHDS)—1970–2010, Annually.....	48
National Household Survey on Drug Abuse (NHSDA)—1971, 1972, 1974–1975, 1975–1976, 1977, 1979, 1982, 1985, 1988, and 1990–1998, Annually.....	49
National Household Survey on Drug Abuse (NHSDA)—1999–2001, renamed National Survey	

on Drug Use and Health (NSDUH)—2002–2015, Annually.....	50
National Survey of Alcohol, Drug, and Mental Health Problems [Healthcare for Communities] (HCC)—1997–1998 and 2000–2001.....	52
National Survey of Drinking and Driving Attitudes and Behavior—1991, 1993, 1995, 1997, 1999, 2001, 2004, and 2008.....	53
National Survey of Family Growth (NSFG)—1973, 1976, 1982, 1988, 1995, 2002, 2006–2010, 2011–2013, 2013–2015.....	54
National Survey of Substance Abuse Treatment Services (N-SSATS)—2000, 2002–2015, Annually, formerly known as Uniform Facility Data Set (UFDS)—1995–1998, Annually, and the National Drug and Alcoholism Treatment Unit Survey (NDATUS)— 1974, 1979, 1980, 1982, 1984, 1987, and 1989–1994, Annually .....	56
National Treatment Improvement Evaluation Study (NTIES)—1990–1991 and 1992–1997.....	58
Panel Study of Income Dynamics (PSID)—1968–1996, Annually, 1997–2015, Biennially .....	59
Services Research Outcomes Study (SROS)—1995–1996.....	60
Treatment Episode Data Set (TEDS)—1992–2015, Annually .....	61
Vital Statistics Mortality Data, Mortality Detail (MD) and Multiple Cause of Death (MCA)— 1968–2015, Annually.....	62
Section 2: Special Population Data Sets.....	63
Arrestee Drug Abuse Monitoring (ADAM I)—2000–2003; (ADAM II)—2007–2013, Annually.....	65
CIRP Freshman Survey (TFS)—1966–2015, Annually .....	67
College Senior Survey (CSS)—1993–2016, Annually.....	68
Department of Defense Health Behavior Survey—2008 and 2011. Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel—1982, 1985, 1988, 1992, 1995, 1998, 2002, and 2005. Worldwide Surveys of Alcohol and Nonmedical Drug Use Among Military Personnel—1980 and 1982 .....	69
Harvard School of Public Health College Alcohol Study (CAS)—1993, 1997, 1999, and 2001.....	70
The Health and Retirement Study: A Longitudinal Study of Health, Retirement, and Aging (HRS)—1992–2014, Biennially.....	71
Monitoring the Future (MTF): A Continuing Study of American Youth—1975–2015, Annually .....	72
National Child Abuse and Neglect Data System, Child File (NCANDS)—1995–2015, Annually.....	74
National Education Longitudinal Study of 1988 (NELS:88)—1988, Follow-ups—1990, 1992, 1994, and 2000.....	75
National Latino and Asian American Study (NLAAS)—2002–2003.....	76
National Longitudinal Study on Adolescent to Adult Health (Add Health)—Wave I (1994– 1995), Wave II (1996), Wave III (2001–2002), and Wave IV (2007–2008).....	77
National Longitudinal Survey of Youth (NLSY79)—1979–2014, Annually .....	79
National Longitudinal Survey of Youth (NLSY97)—1997–2014, Annually .....	80
National Survey of Black Americans (NSBA)—1979–1980, 1987–1988, 1988–1989, 1992.....	81
National Survey of Families and Households (NSFH)—1987–1988, 1992–1994, and 2001– 2003.....	82
National Survey of Parents and Youth (NSPY), Rounds 1, 2, 3, 4—1999–2004.....	84
National Violent Death Reporting System (NVDRS)—2003–2014, Annually.....	85
The Pregnancy Risk Assessment Monitoring System (PRAMS)—Phase I (1988–1989), Phase II (1990–1995), Phase III (1996–1999), Phase IV (2000–2003), Phase V (2004–2008), Phase VI (2009–2011), Phase VII (2012–2015), and Phase VIII (2016) .....	87
Survey of Inmates in Local Jails—1972, 1978, 1983, 1989, 1996, and 2002.....	88
Survey of Inmates in State and Federal Correctional Facilities—1974, 1979, 1986, 1991, 1997, and 2004.....	89
Youth Risk Behavior Survey (YRBS)—1991–2015 (High School), Biennially, 1998 (Alternative High School), 1995 (College), and 1992 (NHIS) .....	90
Section 3: AEDS Publications and Products.....	93
APPENDIX: LIST OF ACRONYMS.....	97

# INTRODUCTION

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This *Alcohol Epidemiologic Data Directory* is compiled and updated by the Alcohol Epidemiologic Data System (AEDS), operated by CSR, Incorporated, under contract to the National Institute on Alcohol Abuse and Alcoholism (NIAAA). AEDS's task is to identify, acquire, maintain, and analyze alcohol-related epidemiologic data under the direction of NIAAA's Division of Epidemiology and Prevention Research.

This *Directory* is a current listing of surveys and other relevant data suitable for epidemiologic research on alcohol. Some surveys included in the *Directory* are designed specifically to answer alcohol-related questions. Other surveys may address other issues but still contain alcohol-related data. The first section of the *Directory* includes data sets that are representative of the overall U.S. population, although many use different age categories in the sample design. The second section includes data sets on special populations (e.g., adolescents, prison inmates, military personnel, older Americans, and specific racial or ethnic groups). A final section describes publications and other research products available from AEDS. It is important to note that this *Directory* is not a comprehensive listing of all data sets that are available to researchers. Many small-scale surveys, such as single-state surveys and local area surveys, are excluded, as are data sets that are not available to the public.

Data sets described in the *Directory* are sponsored or produced by a variety of organizations. A source contact is listed for each data set to assist researchers with obtaining current information on the data set. Internet addresses are included to guide users to additional information from the data providers. The Internet addresses are checked for currency before publication of the *Directory*, but some address changes can be expected over the period of this publication. In such cases, the source contacts can direct users to the new Internet sites. Data increasingly are available in downloadable formats from the Internet sites. Information on availability is provided for each data set, including hyperlinks for downloading, when available. Unless otherwise specified, the data sets in this *Directory* are not available from AEDS, but rather from sponsoring organizations or their contracted providers.

Analytic results from data sets described in this *Directory* often are available on the Internet in tabular or summary form. Further, some data sets can be analyzed online with programs provided by the sponsoring organization. Some useful Internet links include the Inter-university Consortium for Political and Social Research ([ICPSR](#)), Substance Abuse and Mental Health Data Archive ([SAMHDA](#)), the National Archive of Criminal Justice Data ([NACJD](#)), and the National Center for Health Statistics ([NCHS](#)). Links to additional Federal drug data sources are also available through the "Additional Links & Resources" page at <https://www.whitehouse.gov/ondcp/additional-links>. Finally, other AEDS publications are described in Section 3 of this report and may be accessed through NIAAA's website at <http://www.niaaa.nih.gov/>.

An electronic copy of this *Directory* is available at <http://pubs.niaaa.nih.gov/publications/datasys.htm>. AEDS welcomes any suggestions or comments on this *Directory*. Comments or any requests for additional copies of this or other AEDS publications should be directed to:

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# **Section 1:**

## **National Health and Alcohol Data Sets**



## Alcohol and Drug Services Study (ADSS)—1996–1997, 1997–1999, and 1998–1999

### **Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

### **Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane, Parklawn Bldg., Rm. 16-105  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260

### **Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/3088>.

### **Overview:**

ADSS, a national survey of substance abuse treatment facilities and clients, was designed to develop estimates of the duration and costs of treatment and to describe the post-treatment status of substance abuse clients. Information included treatment cost estimates, program capacity, data on the relation of services and resources to treatment outcome, services to special populations, and data to validate annual Uniform Facility Data Set (UFDS) reports. ADSS was the continuation of the Drug Services Research Study (DSRS) and the Services Research Outcomes Study (SROS), described separately in this publication.

### **Survey Design/Methodology:**

ADSS had three phases: (1) a facility-based telephone interview with a representative sample of substance abuse treatment providers; (2) a record-based survey of patients, where patient-level information is collected on a sample of patients discharged during a 6-month time period; and (3) follow-up personal interviews with a sample of patients from Phase 2 and a comparison group to determine substance use, criminal behavior, and other functional characteristics.

### **Sample Characteristics:**

ADSS used a sample of 2,395 treatment facilities. The sample was stratified to reflect the types of care offered in substance abuse treatment, including hospitals, nonhospital residential treatment facilities, outpatient methadone treatment facilities, outpatient nonmethadone

treatment facilities, outpatient combined methadone and nonmethadone treatment facilities serving predominantly alcohol-abusing clients, and other facilities with undetermined types of care. Approximately 300 facilities per stratum were subsampled by a site visit. Patient-level information was collected on a sample of client records from 280 facilities in Phase 2. Records were selected from (1) clients who were discharged for any reason at least one day after their date of treatment initiation, and (2) clients still actively engaged in methadone treatment. Phase 3 interviews were randomly selected from clients included in Phase 2. The comparison group included a non-probability convenience sample of early dropout discharges from outpatient programs.

### **Alcohol Variables:**

Alcohol and other drug use history was recorded along with treatment type, cost, and capacity; length of stay; and source of payment. Post-treatment use was recorded in the Phase 3 follow-up.

### **Other Variables:**

Demographics (age, race and sex), pregnancy status, living arrangements, and source of treatment referral were collected on patients. Recorded facility characteristics included ownership, accreditation, workload and staffing, revenue sources, and treatment cost. Follow-up included post-treatment status of criminal behavior, employment, and health resources use.

## Behavioral Risk Factor Surveillance System (BRFSS)—1984–2015, Annually

### **Sponsoring Agency:**

BRFSS surveys are conducted by the states and coordinated by the Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

National Center for Chronic Disease Prevention and Health Promotion  
CDC  
4770 Buford Highway, NE, Mailstop K-67  
Atlanta, GA 30341  
1-800-232-4636  
<http://www.cdc.gov/brfss/>

### **Availability:**

Data files in SAS transport format are available for download from  
[https://www.cdc.gov/brfss/annual\\_data/annual\\_data.htm](https://www.cdc.gov/brfss/annual_data/annual_data.htm).

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### **Overview:**

BRFSS is an ongoing data collection program designed to monitor state-level prevalence of the major behavioral risks associated with premature morbidity and mortality among adults. The survey was initiated in 1984, with 15 states participating in the monthly data collection. By 1994, all states and the District of Columbia were participating in BRFSS. Guam, the Virgin Islands, and Puerto Rico were included in 2001–2002. Factors assessed by the BRFSS include alcohol and tobacco use, health care coverage, tested for HIV/AIDS, physical activity, and fruit and vegetable consumption. CDC developed standard core questions for states to use to collect data that could be compared across states. The survey also includes many optional modules and state added questions.

### **Survey Design/Methodology:**

BRFSS is conducted in each participating state on a probability sample of the adult population ages 18 and older. Telephone interviews are conducted during a 2-week period each month throughout the year. Most states use a disproportionate stratified sample (DSS) design. A few states used a Mitofsky-Waksberg design or a simple random sample design. Deviations from sampling frame and weighting protocols exist among states. Initially conducted with paper-administered survey forms, interviews are now conducted through computer-assisted telephone interviewing (CATI). Starting in 2011, cell phone surveys were included in the public release data set.

### **Sample Characteristics:**

BRFSS samples vary in size from state to state and from year to year, depending on the number of states participating and the availability of funds. In 2015, there were a total of 441,456 noninstitutionalized adult respondents ages 18 and older from all states and territories. The BRFSS is designed to collect state-level data, but some regional prevalence estimates are possible from a number of states that stratify their samples. In 2015, an optional module was included to provide a measure for several childhood health and wellness indicators for people ages 17 and younger.

### **Alcohol Variables:**

Alcohol variables were asked in reference to the past month or the past 30 days, including frequency of consumption and average number of drinks consumed per occasion. Before 2006, binge drinking for both men and women was defined as having 5 or more drinks per occasion; in 2006, the definition for women changed to 4 or more drinks. Variables addressing communication with health professionals regarding alcohol use were included in the 1996–1999 surveys and in select state surveys in 2011. Additional variables included in select survey years include drinking and driving, living with persons with alcohol problems, and reducing alcohol consumption for health reasons. Alcohol questions were included in the core questionnaire before 1994. Beginning in 1994, the alcohol section rotated between the core questionnaire and optional modules. Eleven states responded to alcohol questions in 1994, all states responded in 1995, 17 in 1996, all in 1997, 12 in 1998, all in 1999, and 11 in 2000. Five states added their own alcohol questions in 2000. With

the exception of Hawaii in 2004, all states responded in 2001–2015.

**Other Variables:**

BRFSS covers demographics, health status, health care access, family planning, asthma, diabetes, oral health, diet, immunization, seatbelt use, history of hypertension, frequency of physical

exercise, amount of recreational activity, access and storage of firearms, mammography, exposure to stress, smoking, women’s health, HIV/AIDS and prevention behaviors (e.g., annual checkups, cancer screening, etc.). Optional modules allow states to address emerging health issues.

## Collaborative Studies on Genetics of Alcoholism (COGA)—1991–2016, Ongoing

### **Sponsoring Agency:**

National Institute on Alcohol Abuse and Alcoholism (NIAAA), National Institute on Drug Abuse (NIDA), U.S. Department of Health and Human Services

### **Contact:**

Sue Winkeler  
Washington University School of Medicine  
Department of Psychiatry  
660 South Euclid Avenue, Campus Box 8134  
Saint Louis, MO 63110-1093  
(314) 286-2569 or fax (314) 286-2577  
[winkeler@wustl.edu](mailto:winkeler@wustl.edu)  
<https://cogaproject.org/contact-information>

### **Availability:**

Data access is subject to NIAAA approval through completion of an application. Information on obtaining access to the data can be found at <https://www.niaaa.nih.gov/research/major-initiatives/collaborative-studies-genetics-alcoholism-coga-study>.

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### **Overview:**

COGA was funded in 1989 to identify the specific genes that can influence a person's likelihood of developing alcoholism. Extensive clinical, neuropsychological, electrophysiological, biochemical, and genetic data are collected to characterize the familial transmission of alcoholism and related phenotypes, and identify susceptibility genes using genetic linkage. Researchers also established a repository of cell lines from respondents to serve as a permanent source of DNA for genetic studies.

### **Survey Design/Methodology:**

Interviewing and testing of COGA families are conducted at 11 sites: SUNY Downstate Medical Center, University of Connecticut School of Medicine, Indiana University School of Medicine, University of Iowa, University of California San Diego, Howard University, Rutgers University, Icahn School of Medicine at Mt. Sinai, Virginia Commonwealth University, University of Texas Health Science Center at San Antonio, and Washington University School of Medicine. Eligible families are found using recruited patients currently in a psychiatric inpatient or outpatient program for alcohol and/or chemical dependency. Data collected from the families include blood biochemistry, psychological test performance, genetic analysis data consisting of marker genotypes, brain electrophysiological data, lymphoblastoid cell lines,

and DNA. The Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA) developed for COGA is a polydiagnostic psychiatric interview that assesses substance use and mental health disorders. Companion instruments for children (ages 7–12), adolescents (ages 13–17), and parents (about their children) are also available. The Family History Assessment Module assesses DSM-III-R diagnoses for all family members.

### **Sample Characteristics:**

Since 1991, COGA investigators have collected data on more than 2,255 extended families containing members who are affected by alcoholism. More than 17,702 individuals are represented in the database.

### **Alcohol Variables:**

Alcohol dependence is measured using DSM-III-R and DSM-IV and at least one of the following diagnostic systems: Feighner Research Diagnostic Criteria and ICD-10. Information on alcohol abuse and age of onset are also collected.

### **Other Variables:**

The SSAGA covers demographic and medical history information, including tobacco use, marijuana and drug abuse/dependence, suicide attempts, anorexia, bulimia, adult attention-deficit/hyperactivity disorder, depression, mania, dysthymia, antisocial personality disorder, posttraumatic stress disorder, social phobia, and obsessive-compulsive disorder.

**Drug Abuse Warning Network (DAWN)—2003–2011, Annually****Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

**Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260

<https://www.samhsa.gov/data/emergency-department-data-dawn>

**Availability:**

Public use data are available for download from <https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/97>. Online reports and analysis can be found on the website.

**Overview:**

DAWN is a public health surveillance system that reports on drug-related visits to hospital emergency departments (EDs). DAWN's target sample frame consists of all non-Federal, short-stay, and general medical and surgical hospitals in the United States that have one or more EDs open 24 hours a day. DAWN captures both ED visits that are directly caused by drugs and those in which drugs are a contributing factor but not the direct cause of the ED visit. These criteria encompass all types of drug-related events, including accidental ingestion and adverse reaction, as well as drug misuse or abuse. Because alcohol is considered an illicit drug for minors, alcohol abuse without the involvement of other drugs is considered a drug-related ED visit for patients under age 21.

**Survey Design/Methodology:**

DAWN relies on a longitudinal probability sample of hospitals located throughout the United States, including Alaska and Hawaii. To be eligible for selection into the DAWN sample, a hospital must be a non-Federal, short-stay, general medical and surgical hospital located in the United States, with at least one 24-hour ED. Within each hospital, 50 to 100 percent of the days of the month are systematically selected, and a census of

ED visits is selected for review for these days. DAWN cases are identified through the review of ED medical records in participating hospitals.

**Sample Characteristics:**

For 2011, 229,211 submitted cases were extrapolated to an estimate of 5,067,374 drug-related ED visits. Considering the margin of error, this estimate may range from 4,616,753 to 5,517,995 drug-related ED visits out of the approximately 126 million total ED visits estimated for the universe of DAWN-eligible hospitals. Out of about 5.1 million drug-related ED visits, 2.5 million were considered to involve drug misuse or abuse, with the balance primarily involving adverse reactions and accidental ingestions.

**Alcohol Variables:**

Alcohol involvement is indicated for patients of all ages if it occurs with another drug. Because alcohol is considered an illicit drug for minors, ED visits involving "alcohol only" are included in DAWN for patients under age 21.

**Other Variables:**

Demographic variables include age (categorized), race/ethnicity, and sex. Also included are variables on up to 22 substances, the type of visit, and patient disposition.

## Drug Services Research Survey (DSRS)—1990

**Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

**Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane, Parklawn Bldg., Rm. 16-105  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260

**Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/3393>.

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**Overview:**

DSRS was a national survey conducted in 1990 to obtain information on alcoholism and drug abuse treatment providers and clients to supplement data from the National Drug and Alcoholism Treatment Unit Survey (NDATUS). Treatment capacity and utilization, treatment of IV drug users and pregnant women, and training received by treatment providers were recorded. This survey provided baseline data for the SROS study of treatment outcome. For continuation of these data, see SROS, ADSS, and UFDS, described separately in this publication.

**Survey Design/Methodology:**

DSRS consisted of two components, a facility-based telephone interview with a representative sample of drug treatment providers, followed by a record-based survey of patients discharged from treatment. In the first phase, facility-level information was collected from facility directors. Facilities were assigned to one of the following strata: (1) hospital inpatient treatment, (2) residential treatment, (3) outpatient detoxification or maintenance treatment, (4) outpatient drug-free, (5) facilities providing alcohol treatment only, and (6) facilities for which the types of services were unknown. In the second phase, patient-level information was abstracted from

records of sampled patients discharged during the 12-month period from September 1, 1989, through August 31, 1990.

**Sample Characteristics:**

DSRS uses a stratified random sample of 1,803 treatment facilities in the conterminous United States that was drawn from the 1990 NDATUS and NIDA's Substance Abuse Facility Identification System (SAFIS) inventory. Among them, 1,183 participated in the facility-based telephone interviews. A subsample of 120 facilities participated in site visits to abstract information from patient records. Client record-based data were collected on a sample of 2,222 discharged patients.

**Alcohol Variables:**

Facility variables included treatment modality, length of stay, principal drug of use for clients in treatment, treatment history, history of use, and source.

**Other Variables:**

Ownership, accreditation, capacity and workload, staffing, cost, and sources of revenue are recorded for each facility. Patient data include demographics, education, employment status, living arrangements, and source of referral to treatment.

## Fatality Analysis Reporting System (FARS)—1975–2015, Annually

### **Sponsoring Agency:**

National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation

### **Contact:**

National Center for Statistics and Analysis  
NHTSA  
1200 New Jersey Avenue, SE, West Building  
Washington, DC 20590  
(202) 366-1503 or 1-800-934-8517

[NCSAWeb@nhtsa.dot.gov](mailto:NCSAWeb@nhtsa.dot.gov)

<https://www.nhtsa.gov/research-data/fatality-analysis-reporting-system-fars>

### **Availability:**

Data can be downloaded from <ftp://ftp.nhtsa.dot.gov/fars>. Online reports can be found here: <https://www-fars.nhtsa.dot.gov/Main/index.aspx>.

### **Overview:**

FARS is designed to assist the traffic safety community in identifying traffic safety problems (including drinking and driving), developing and implementing vehicle and driver countermeasures, and evaluating motor vehicle safety standards and highway safety initiatives. FARS gathers detailed data on all fatal traffic crashes each year within the 50 states, the District of Columbia, and Puerto Rico. FARS has been in operation since 1975.

### **Survey Design/Methodology:**

FARS is a census of all fatal traffic crashes. To be included in FARS, a crash must involve at least one motor vehicle moving on a roadway customarily open to the public and must result in the death of a person within 30 days of the crash. Each case has more than 100 data elements that characterize the crash and are coded at four levels: the accident, the vehicle, the driver, and the person(s) involved. Data sources may include police crash reports, state vehicle registration files, state driver licensing files, state highway department files, vital statistics documents, death certificates, coroner reports, hospital reports, and emergency medical services reports. The specific

data elements may be modified slightly over the years.

### **Sample Characteristics:**

The total number of FARS cases varies from year to year. In 2015, FARS reported 32,166 fatal traffic crashes that resulted in 35,092 deaths.

### **Alcohol Variables:**

Alcohol variables include the alcohol test type and results, police-reported alcohol involvement, and the method of alcohol determination by police. The driver is considered a drunk driver if the blood alcohol concentration (BAC) is positive, or if the police reported alcohol involvement. Since 1984, NHTSA has used statistical methods to estimate BAC values for drivers with unknown BAC levels. The imputed BAC data are provided in separate data files.

### **Other Variables:**

Other variables include age, sex, role (driver, passenger, nonoccupant) for all persons in the traffic crash, injury severity, time and date of the crash, number of vehicles involved, vehicle make and model, speed limit, road and atmospheric conditions, violations charged, and previous convictions of traffic violations for all drivers.

## Healthcare Cost and Utilization Project (HCUP) Nationwide Emergency Department Sample (NEDS)—2006–2014, Annually

**Sponsoring Agency:**

Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services

**Contact:**

AHRQ  
Office of Communications and Knowledge Transfer  
5600 Fishers Lane  
Mail Stop 07N94A  
Rockville, MD 20857  
1-866-290-4287  
[hcup@ahrq.gov](mailto:hcup@ahrq.gov)  
<https://www.hcup-us.ahrq.gov/overview.jsp>

**Availability:**

Summary statistics are available at <http://www.hcup-us.ahrq.gov/db/nation/neds/nedssummstats.jsp>. Data for 2006–2014 are available for purchase from the HCUP Central Distributor at [http://www.hcup-us.ahrq.gov/tech\\_assist/centdist.jsp](http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp); phone (866) 556-4287 (toll free); fax (866) 792-5313; email [HCUPdistributor@ahrq.gov](mailto:HCUPdistributor@ahrq.gov).

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**Overview:**

HCUP is a partnership among Federal and state agencies and private industry focusing on health care data collection. It includes patient data from all payer sources. HCUP's objectives are to (1) create a source for national, state, and all-payer health care data, (2) produce a set of tools and products to facilitate the use of HCUP and other administrative data, (3) enrich a collaborative partnership with statewide data organizations to increase the quality and use of health care data, and (4) conduct and translate research to inform decision making and improve health care delivery. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including effects of market forces on hospitals and the care they provide, variations in medical practice, effectiveness of medical technology and treatments, and use of services by special populations. NEDS, a part of HCUP, is a database containing patient-level information on emergency department (ED) visits across the country.

**Survey Design/Methodology:**

NEDS was constructed using the HCUP State Emergency Department Databases (SEDD) and the State Inpatient Databases (SID). The SEDD capture discharge information on ED visits that do not result in a hospital admission (i.e., treat-and-release visits and transfers to another hospital). The SID contain information on patients initially seen in the emergency room and then

admitted to the same hospital. NEDS uses a stratified probability sample of U.S. hospital-based EDs. All visits within the sample of selected EDs are included in NEDS.

**Sample Characteristics:**

As the largest publicly available all-payer ED visits database in the United States, NEDS contains data on ED visits at over 940 hospitals, approximating a 20-percent sample of U.S. hospital-based EDs. The number of states involved is listed as follows: 2006 (24 states), 2007 (27 states), 2008 (28 states), 2009 (29 states), 2010 (28 states), 2011–2013 (30 states), and 2014 (33 states and the District of Columbia).

**Alcohol Variables:**

NEDS contains up to 15 diagnoses on each ED visit record, which are coded according to ICD-9-CM. Alcohol-related diagnoses can be identified by ICD-9-CM codes for alcohol-related conditions.

**Other Variables:**

NEDS includes other key variables such as principal diagnosis, any listed diagnosis, principal procedure, any listed procedure, number of procedures, disposition of the patient at discharge from the ED, DRG (diagnosis related group) in effect on discharge, age, race, sex, death during hospitalization, length of stay, primary and secondary payer, and income. In 2009, NEDS added a series of data elements that identify injuries by severity, mechanism, and intent.

## Healthcare Cost and Utilization Project (HCUP) National (Nationwide) Inpatient Sample (NIS)—1988–2014, Annually

### **Sponsoring Agency:**

Agency for Healthcare Research and Quality (AHRQ), U.S. Department of Health and Human Services

### **Contact:**

AHRQ  
Office of Communications and Knowledge Transfer  
5600 Fishers Lane  
Mail Stop 07N94A  
Rockville, MD 20857  
1-866-290-4287  
[hcup@ahrq.gov](mailto:hcup@ahrq.gov)  
<https://www.hcup-us.ahrq.gov/nisoverview.jsp>

### **Availability:**

Summary statistics are available at <http://www.hcup-us.ahrq.gov/db/nation/nis/nisummstats.jsp>. Data for 1988–2014 are available for purchase from the HCUP Central Distributor at [http://www.hcup-us.ahrq.gov/tech\\_assist/centdist.jsp](http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp); phone (866) 556-4287 (toll free); fax (866) 792-5313; email [HCUPdistributor@ahrq.gov](mailto:HCUPdistributor@ahrq.gov).

### **Overview:**

HCUP is a Federal-state-industry partnership in health care data collection. It includes inpatient data from all payer sources. HCUP's objectives are to (1) create a source for national, state, and all-payer health care data, (2) produce a set of tools and products to facilitate the use of HCUP and other administrative data, (3) enrich a collaborative partnership with statewide data organizations to increase the quality and use of health care data, and (4) conduct and translate research to inform decision making and improve health care delivery. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations. The National Inpatient Sample (NIS—formerly the Nationwide Inpatient Sample), part of HCUP, is a database containing patient-level information on inpatient hospital stays.

### **Survey Design/Methodology:**

Before 2012, the NIS was a sample of hospitals, and all discharges from the hospitals were retained. In 2012, the NIS was redesigned as a sample of *discharges* from all hospitals participating in HCUP. The NIS examines hospital inpatient stays derived from billing data submitted by hospitals to statewide data organizations across the U.S. Inpatient stay records include clinical and resource use

information typically available from discharge abstracts. Discharge weights are provided for national estimates. As of 2012, the NIS defines hospitals and discharges using the definitions supplied by the statewide data organizations that contribute to HCUP, rather than the definitions used by the AHA Annual Survey. Changes starting in 2012 also include the elimination of state and hospital identifiers, meaning that hospital linkages can no longer be performed.

### **Sample Characteristics:**

The NIS is sampled from the State Inpatient Databases (SID), which include all inpatient data currently contributed to HCUP. The NIS includes all patients, regardless of health insurance status. The NIS is drawn from all states participating in HCUP, covering more than 96 percent of the U.S. population and approximating a 20% stratified sample of discharges from U.S. community hospitals. Data include over 7 million inpatient stays. Data releases and the number of states involved are listed as follows: Release 1 Data: 1988–92 (8 states in 1988, 11 in 1989–92); and Releases 2–23 Data: 1993 (17 states), 1994 (17 states), 1995 (19 states), 1996 (19 states), 1997 (22 states), 1998 (22 states), 1999 (24 states), 2000 (28 states), 2001 (33 states), 2002 (35 states), 2003 (37 states), 2004 (37 states), 2005 (37 states), 2006 (38 states), 2007 (40 states), 2008 (42 states), 2009 (44 states), 2010 (45 states), 2011 (46 states), 2012–2013 (44 states), and 2014 (45 states).

### **Alcohol Variables:**

NIS contains alcohol-related diagnoses that may be analyzed by geographic region, hospital

ownership, urban/rural location, and quality-of-care outcomes.

***Other Variables:***

NIS includes other key variables such as principal diagnosis, any listed diagnosis, principal

procedure, any listed procedure, DRG (diagnosis related group) in effect on discharge, age, race, sex, death during hospitalization, length of stay, primary and secondary payer, and income.

## National Alcohol Survey (NAS)—1964–1965, 1967, 1969, 1974, 1979, 1984, 1990, 1992, 1995–1996, 2000–2001, 2005, 2009–2010, and 2014–2015

### Sponsoring Agency:

Alcohol Research Group, Public Health Institute, and funded by National Institute on Alcohol Abuse and Alcoholism (NIAAA), U.S. Department of Health and Human Services

### Contact:

Alcohol Research Group  
Public Health Institute  
6001 Shellmound St., Suite 450  
Emeryville, CA 94608-1010  
(510) 898-5800  
[info@arg.org](mailto:info@arg.org)  
<http://arg.org/center/national-alcohol-surveys/>

### Availability:

The N12 and earlier national data and documentation from NAS are available on request from <http://arg.org/nas-datasets/>. Requests for N13 data will be evaluated on a case-by-case basis by contacting Study Director Dr. Kate Karriker-Jaffe at [kkarrikerjaffe@arg.org](mailto:kkarrikerjaffe@arg.org).

### Overview:

NAS is designed to assess trends in drinking practices and problems in the national population, including drinking patterns, attitudes, norms, treatment experiences, and adverse consequences. NAS also studies the effects of public policy on drinking practices (i.e., alcoholic beverage warning labels).

### Survey Design/Methodology:

NAS used a multistage-area probability sample of persons ages 18 and older in households within the 48 contiguous states through 1995 (i.e., survey N9). Starting in 2000, NAS has used a random digit dialing (RDD) sampling and computer-assisted telephone interviewing (CATI) of adults in households in all 50 states and the District of Columbia. Blacks and Hispanics were oversampled in N7 and N9 and later NAS surveys. Special populations in various institutional settings, including detoxification centers, jails, clinics, emergency rooms, and welfare offices were not included in the NAS.

### Sample Characteristics:

The number of respondents varies each year, as shown below:

Survey	Year	Sample Size	Population
N1	1964–1965	2,746	Adults, excl. AK and HI
N2	1967	1,359	N1 respondents, reinterviewed
N3	1969	978	Men, ages 21–59
N4	1973	725	N3 respondents, reinterviewed
N5	1974	901	N2 respondents, reinterviewed

N6	1979	1,772	Adults, ages 18+
N7	1984	5,221	Adults, ages 18+
N8	1990	2,058	Adults, ages 18+
		1,110	Youth supplement, ages 12–30
N7	1990	2,199	N7 respondents, traced
Follow-up Tracing			
N7	1992	2,247	N7 respondents, reinterviewed
Follow-up			
		583	New youth, ages 18–25
N8	1992–1993	1,027	N8 respondents, subset for interview mode study
Follow-up			
		261	Family members of teen (12–17) from N8 main sample, reinterviewed
N9	1995	4,925	Adults, ages 18+
N10	2000	7,612	Adults, ages 18+
N11	2005	6,919	Adults, ages 18+
N12	2009–2010	7,969	Adults, ages 18+
N13	2014–2015	7,071	Adults, ages 18+

### Alcohol Variables:

NAS data are collected on graduated frequencies and other measures of alcohol consumption; beverage type including beer, wine and spirits; binge drinking; attempts to reduce drinking; attitudes/opinions on drinking levels in different drinking situations; treatment status; and drinking consequences. Drinking problems include alcohol dependence symptoms, life area harms, and tangible consequences such as employment repercussions, injury or health effects, and psychological/emotional distress.

***Other Variables:***

Demographics include age, race, sex, geographic region, education, income, and others. Other

variables include attitudes and values concerning violence, injury, risk-taking behaviors, substance use, illegal behaviors, arrests, and convictions.

## National Ambulatory Medical Care Survey (NAMCS)—1973–1992, and 1993–2014, Annually

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Ambulatory and Hospital Care Statistics Branch  
NCHS  
3311 Toledo Road  
Hyattsville, MD 20782  
(301) 458-4600  
<http://www.cdc.gov/nchs/ahcd.htm>

### **Availability:**

Data files are available for download from  
[https://www.cdc.gov/nchs/ahcd/ahcd\\_questionnaires.htm#public-use](https://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm#public-use).

### **Overview:**

NAMCS is a national survey designed to provide reliable information about the provision and use of ambulatory medical care services in the United States. Data are provided on ambulatory care visits to physician offices, including physician practices as well as patient and visit characteristics.

### **Survey Design/Methodology:**

NAMCS uses a multistage probability design involving probability samples of primary sampling units (PSUs), physician practices within PSUs, and patient visits within practices. First-stage samples include PSUs that are counties, groups of counties, county equivalents (such as parishes or independent cities), or towns and townships. Second-stage samples consist of a probability sample of practicing physicians contained in master files maintained by the American Medical Association (AMA) and the American Osteopathic Association (AOA). The physicians are office based, principally engaged in patient care activities; non-federally employed; and not in the specialties of anesthesiology, pathology, and radiology. All eligible physicians are stratified into 15 groups, and a sample is taken from their patient visits. The physician sample is divided into 52 random subsamples and assigned to 1 of the 52 weeks in the survey year. Random patient visit samples are selected by the physician during an assigned week. Actual data collection is carried out by the physician and aided by his or her office staff when possible. Survey design changes in 2012 made state-level estimates possible for the 34 most populous states and the 9 Census divisions. The 2013 and 2014 surveys used state-

based samples but included the 22 and 17 (plus Wisconsin) most populous states, respectively. In 2012, NAMCS switched from a paper-and-pencil mode of data collection to a computer-assisted method.

### **Sample Characteristics:**

NAMCS sample sizes of patients vary from year to year. The sampling rate varies from a 100-percent sample for very small practices to a 10-percent sample for very large practices. During 2014, NAMCS collected a total of 450,741 patient record forms from 2,179 physicians, a sample reflecting 884 million office visits made in the United States.

### **Alcohol Variables:**

Alcohol use or alcohol-related conditions cited as a reason for the visit are coded when mentioned by the patient. In 2014, alcohol misuse, abuse, or dependence were added to each provider's diagnosis for visit, and alcohol misuse screening and alcohol abuse counseling were added to the services section.

### **Other Variables:**

Patient variables include date of visit, age, sex, race, ethnicity, reason for visit (up to three), expected source(s) of payment, diagnostic screening services, and physician's diagnoses (up to three). Also included are referral and previous visit history, medication and nonmedication therapy (up to five medications), disposition and duration of visit, weight, geographic region, and SMSA code. Pregnancy status, authorization requirements, HMO status, and the major reason for the patient visit were added to the NAMCS in 1997.

## National Automotive Sampling System—General Estimates System (GES)— 1988–2015, Annually

**Sponsoring Agency:**

National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation

**Contact:**

National Center for Statistics and Analysis

NHTSA

1200 New Jersey Avenue, SE, West Building

Washington, DC 20590

(202) 366-1503 or 1-800-934-8517

[NCSAWeb@nhtsa.dot.gov](mailto:NCSAWeb@nhtsa.dot.gov)

<https://www.nhtsa.gov/national-automotive-sampling-system-nass/nass-general-estimates-system#nass-general-estimates-system-overview>

**Availability:**

Data can be downloaded from <ftp://ftp.nhtsa.dot.gov/ges/>.

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**Overview:**

GES began in 1988. It supports the development, implementation, and assessment of highway safety programs aimed at reducing the human and economic cost of motor vehicle traffic crashes. These program efforts include identifying highway safety problem areas, providing a basis for regulatory and consumer information initiatives, and forming the basis for cost and benefit analyses of highway safety initiatives.

**Survey Design/Methodology:**

GES collects data from a nationally representative stratified probability sample of the estimated 6.4 million police-reported crashes that occur each year. GES collectors obtain data in weekly, biweekly, or monthly visits to approximately 400 police agencies within 60 demographic sites throughout the United States.

**Sample Characteristics:**

GES uses a sample of Police Accident Reports (PARs) involving at least one motor vehicle traveling on a traffic way and resulting in

property damage, injury, or death. Approximately 50,000 PARs on accidents of all types, from minor to serious, are sampled each year. Information is collected at the accident, vehicle/driver, and person levels.

**Alcohol Variables:**

Alcohol use by anyone in the traffic crash is recorded based on police-reported alcohol involvement. The method of alcohol determination by police, the type of test used, and the test result are recorded. Alcohol use is imputed for persons with unknown value on this variable. Also included is a variable indicating violation(s) charged to the drivers of the vehicles, including driving under the influence of alcohol and/or drugs.

**Other Variables:**

Other key variables include age, sex, time and date of occurrence, vehicle make, injury information, fatalities, property damage, and sample weights.

## National Comorbidity Survey (NCS)—1990–1992, Replication (NCS-R)—2001–2003

### **Sponsoring Agency:**

National Institute of Mental Health (NIMH), U.S. Department of Health and Human Services, and the W.T. Grant Foundation

### **Contact:**

Nancy Sampson  
Project Director  
Department of Health Care Policy  
Harvard Medical School  
180 Longwood Avenue  
Boston, MA 02115-5821  
(617) 432-2279

<https://www.hcp.med.harvard.edu/ncs/contact.php>

Inter-University Consortium for Political and  
Social Research (ICPSR)  
University of Michigan  
Institute for Social Research  
P.O. Box 1248  
Ann Arbor, MI 48106-1248  
(734) 647-2200

[cpes@icpsr.umich.edu](mailto:cpes@icpsr.umich.edu)

### **Availability:**

Information on downloading data files is available from

[https://www.hcp.med.harvard.edu/ncs/ncs\\_data.php](https://www.hcp.med.harvard.edu/ncs/ncs_data.php).

### **Overview:**

NCS is a collaborative epidemiologic investigation designed to study the prevalence and correlates of DSM-III-R disorders, including patterns and correlates of service utilization. NCS contains a set of surveys, including Phase I and II (NCS-1 and NCS-2), and a replication survey (NCS-R). In addition, NCS-A is a planned survey of adolescents designed to provide representative data on the prevalence and correlates of mental disorders among youth.

### **Survey Design/Methodology:**

NCS uses a fully structured diagnostic interview to assess the prevalence and correlates of DSM-III-R disorders. The baseline NCS was a structured psychiatric interview with a nationally representative sample in the fall of 1990 to the spring of 1992. Subsamples of the respondents completed the NCS-2 survey and the Tobacco Use Supplement. The study also included a nonrespondent survey and a supplemental sample of students living in campus group housing. Diagnoses were based on a modified version of the Composite International Diagnostic Interview (the UM-CIDI).

The National Comorbidity Survey Replication (NCS-R) was carried out a decade after the original NCS (NCS-1). The NCS-R repeats many of the questions from the NCS-1 and also expands the questioning to include assessments based on the more recent DSM-IV diagnostics system.

### **Sample Characteristics:**

NCS uses a stratified, multistage area probability sample of persons ages 15 to 54 from the civilian, noninstitutionalized population in the 48 contiguous states. The NCS household sample

included more than 8,000 respondents. The NCS-2 was completed by a subsample of 5,877

respondents. The Tobacco Use Supplement was completed by a subsample of 4,414 respondents.

NCS-R interviewed adults ages 18 and older, sampling over 9,000 respondents in Part I. Part II was administered only to a subsample of Part I respondents, including all Part I respondents with a lifetime disorder, plus a probability subsample of other respondents.

### **Alcohol Variables:**

Drugs listed in the NCS and NCS-R include alcohol, tobacco, sedatives, stimulants, tranquilizers, analgesics, inhalants, marijuana/hashish, cocaine hallucinogens, heroin, nonmedical use of prescription drugs, and polysubstance use. Data are collected on personal and family history of substance use, abuse, and substance abuse treatment. Drug use includes recency, frequency, age at first use, and problems resulting from the use of drugs.

### **Other Variables:**

Other variables of the NCS and NCS-R include demographic characteristics, personal and family history of psychiatric problems, mental health treatment, symptoms of psychiatric disorders, mental health status, HIV-risk behaviors, and physical health status.

## National Crime Victimization Survey (NCVS)—1973–2015, Annually

**Sponsoring Agency:**

Bureau of Justice Statistics (BJS), Office of Justice Programs, U.S. Department of Justice

**Contact:**

BJS

810 Seventh Street, NW

Washington, DC 20531

(202) 307-0765

<http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=245>

**Availability:**

Data files for 1992–2015 are available for download from

<http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/95>. Contact BJS for information about other NCVS data available on CD-ROM.

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**Overview:**

The NCVS—formerly the National Crime Survey (NCS)—collects data on personal and household victimization in the United States. The program has four primary objectives: to develop detailed information about the victims and consequences of crime; to estimate the numbers and types of crimes not reported to the police; to provide uniform measures of selected types of crimes; and to permit comparisons over time and types of areas. A School Crime Supplement was conducted in 1989, 1995, and 1999–2013, biennially, studying students ages 12 to 19 (ages 12 to 18 since 1999) in school programs leading toward diplomas. NCVS was redesigned in 1992 to improve data on sexual assaults and domestic violence and to improve recall ability.

**Survey Design/Methodology:**

NCVS is an ongoing national probability survey of residential addresses in selected U.S. cities using a stratified multistage cluster sample. Data are collected quarterly, and six quarters comprise an annual file (four in the current year and the first two quarters of the following year). NCVS data are collected by telephone and through in-person interviews. A number of methodological changes were implemented in the NCVS in 2006 that affected the victimization rate estimates for that

year. These effects were reversed in 2007, suggesting that the 2006 findings represent a temporary anomaly in the data.

**Sample Characteristics:**

NCVS target population includes individuals ages 12 and older living in households and group quarters within the United States and the District of Columbia. The sample of housing units is divided into 6 rotation groups, and each group is interviewed every 6 months for a period of 3½ years. In 2015, the NCVS included 139,525 households and 189,711 persons. The 2015 response rates for households and persons were 82% and 86%, respectively.

**Alcohol Variables:**

NCVS inquires if the victim noticed that the offender had been drinking or used drugs in combination with alcohol.

**Other Variables:**

NCVS includes demographic information on the victim and offender, characteristics of the crime, situational data, and information on responses by the victim about the incident and the criminal justice system. The recorded crimes (or attempted crimes) include rape and sexual attack, robbery, assault, pickpocketing, burglary, theft, motor vehicle theft, and vandalism.

## National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)— Wave 1 (2001–2002), Wave 2 (2004–2005), Wave 3 (2012–2013)

### **Sponsoring Agency:**

National Institute on Alcohol Abuse and Alcoholism (NIAAA), U.S. Department of Health and Human Services

### **Contact:**

Aaron White, Ph.D.  
Division of Epidemiology and Prevention Research  
National Institute on Alcohol Abuse and Alcoholism  
(301) 451-5943  
[White4@mail.nih.gov](mailto:White4@mail.nih.gov)

### **Availability:**

For confidentiality reasons, NESARC data have been designated as restricted access. Please contact Dr. White for access to Waves 1 and 2 data. Limited access to Wave 3 data sets is available through the Data Use Agreement; information on obtaining Wave 3 data can be found at <https://www.niaaa.nih.gov/research/nesarc-iii/nesarc-iii-data-access>.

### **Overview:**

NESARC was designed to assess the prevalence of alcohol use disorders (AUD) and their associated disabilities in the general population. The survey is the largest ever comorbidity study of multiple mental health disorders among U.S. adults, including AUD, other substance use disorders, personality disorders, and anxiety and mood disorders. Wave 1 of the NESARC was fielded in 2001–2002. Wave 2 interviews were completed in 2004–2005 and used the same sample of respondents. Using a new sample of respondents, Wave 3 interviews were completed in 2012–2013.

### **Survey Design/Methodology:**

NESARC is a nationwide household survey with a multistage stratified probability sample representative of civilian, noninstitutionalized adults residing in the United States, including all 50 states and the District of Columbia. Military personnel living off base and residents in noninstitutionalized group quarters housing, such as boarding houses, shelters, and dormitories, were also included. One sample person age 18 or older was selected randomly from each household for a face-to-face interview. Data were collected using the computer-assisted personal interviewing (CAPI) method. Wave 3 also collected saliva samples from consenting respondents.

### **Sample Characteristics:**

The final sample for Wave 1 included 43,093 respondents. Blacks, Hispanics, and young adults ages 18–24 were oversampled. The design and sampling strategy of the survey allow for population estimates at the national level. The Wave 2 NESARC reinterviewed 34,653 of the

43,093 Wave 1 respondents. The final sample size for Wave 3 was 36,309 respondents.

### **Alcohol Variables:**

Respondents were asked about their alcohol consumption behavior (e.g., drinking status, age of drinking onset, drinking and driving, and beverage-specific drinking amounts and patterns). Lifetime and past 12-month alcohol abuse and dependence were measured by symptom questions according to the DSM-IV or DSM-5 criteria for Waves 1–2 and Wave 3, respectively, using the NIAAA Alcohol Use Disorders and Associated Disabilities Interview Schedule–DSM-IV/5 (AUDADIS-IV/5). Health and social consequences of drinking, alcohol treatment utilization, obstacles to obtaining treatment, and family history of alcoholism were also reported.

### **Other Variables:**

Demographic variables include age, sex, race, Hispanic origin, childhood family structure, marital status, employment/school status, income, health insurance, selected medical conditions, and disability status. Other substance variables include use, abuse and dependence, treatment utilization, and family history pertaining to tobacco and 10 categories of medicine and illicit drugs. Mental health variables include lifetime and past 12-month DSM-(IV/5) diagnoses and treatment of major depression, dysthymia, mania and hypomania, panic disorder and agoraphobia, social and specific phobias, generalized anxiety disorder, and pathologic gambling. Lifetime diagnoses were obtained for conduct disorder and 10 DSM-IV personality disorders, including antisocial, avoidant, borderline, dependent,

histrionic, narcissistic, obsessive-compulsive, paranoid, schizoid, and schizotypal personality disorders.

## National Health and Nutrition Examination Survey I (NHANES I)—1971–1975

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health and Nutrition Examination Surveys

NCHS

3311 Toledo Road, Room 4551

Hyattsville, MD 20782-2064

1-800-232-4636

<http://www.cdc.gov/nchs/nhanes.htm>

### **Availability:**

Data files are available for download from <http://www.cdc.gov/nchs/nhanes/nhanesi.htm>. Due to confidentiality requirements, the NHANES I linked data files are only available for analysis through the NCHS Research Data Center (<http://www.cdc.gov/rdc/index.htm>).

### **Overview:**

In 1970, the National Nutritional Surveillance System was combined with the National Health Examination Survey to form NHANES. This was done to initiate a series of surveys to collect information about health and diet of people in the U.S. Major goals of NHANES were to (1) estimate the number and percent of persons in the U.S. population and designated subgroups with selected disease and risk factors; (2) monitor trends in the prevalence, awareness, treatment, and control of selected diseases; (3) monitor trends in risk behaviors and environmental exposures; (4) analyze risk factors for selected diseases; (5) study the relationship between diet, nutrition, and health; (6) explore emerging public health issues and new technologies; and (7) establish a national probability sample of genetic material for future genetic testing (NHANES III and beyond). NHANES I represents the first cycle of the NHANES studies.

### **Survey Design/Methodology:**

NHANES I used a multistage, stratified probability sample of clusters of persons ages 1 to 74, with oversampling of certain population subgroups—e.g., persons living in poverty areas, women of childbearing age (ages 25–44), and elderly persons (ages 65 and older). Data were weighted to represent the civilian, noninstitutionalized population of the U.S., excluding Alaska, Hawaii, and persons residing on Tribal lands. During 1971–1979, extensive data were collected through interviews, physical examinations, a battery of clinical measures, and various laboratory tests. On the entire sample, these data include a general medical history, 24-hour dietary intake, food frequency interview, food program questionnaire, general medical exam including dental, dermatological, and ophthalmological exams; anthropometric

measures; and 24 hematological, blood chemistry, and urological lab determinations. Hand–wrist x-rays were performed on children ages 1–17, and additional clinical and laboratory tests were performed on a subset of sampled adults ages 25–74.

NCHS has conducted a linkage of NHANES I with records in the National Death Index (1971–2000), the Medicare Enrollment and Claims data (1991–2000), and the Social Security benefit history data (1962–2003). The linkage of the NHANES I survey participants with the other data provides opportunities to conduct studies designed to investigate the association of a variety of health factors with disability, chronic disease, health care utilization, morbidity, and mortality.

### **Sample Characteristics:**

NHANES I sample included about 32,000 persons ages 1–74. Among them, 14,407 persons ages 25–74 were medically examined.

### **Alcohol Variables:**

The NHANES I medical exam includes four alcohol questions:

- During the last year, have you had at least one drink of beer, wine, or liquor?
- How often do you drink?
- Which do you most frequently drink (beer, wine, liquor)?
- When you do drink (beer/wine/liquor), how much do you usually drink over 24 hours?

A 24-hour dietary recall questionnaire asks for the time and place of alcohol intake during a 24-hour period. Information on caloric value for each ingested food substance is included. This permits analysis of food calories, alcohol calories, and percentage of alcohol in the respondent's diet.

### **Other Variables:**

Demographic variables include age, sex, race, education, occupation, employment status, marital

status, income, language, and ancestry/national origin. Other variables include participation in public assistance programs, housing type and facilities, results of the medical history, 24-hour

dietary intake, food frequency interview, and food program questionnaire, plus the general medical exams and laboratory tests.

## National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS82)—1982–1984

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS

3311 Toledo Road, Room 4551

Hyattsville, MD 20782-2064

1-800-232-4636

<https://wwwn.cdc.gov/nchs/nhanes/nhefs/default.aspx>

### **Availability:**

Data files are available for download from <https://wwwn.cdc.gov/nchs/nhanes/nhefs/publicuse.aspx>. Due to confidentiality requirements, the NHEFS linked mortality file is only accessible through the NCHS Research Data Center (RDC) at <http://www.cdc.gov/rdc/index.htm>.

### **Overview:**

The purpose of the NHEFS was to investigate the relationships of clinical, nutritional, and behavioral factors assessed in NHANES I to subsequent morbidity and mortality. The three major objectives were to assess (1) morbidity and mortality associated with suspected risk factors, (2) changes in participant characteristics, and (3) natural history of chronic disease and functional impairments.

### **Survey Design/Methodology:**

NHANES I respondents were traced and interviewed in 1982–1984, 1986, and 1987. Whereas NHANES I data include information gathered in physical exams, laboratory tests, and interviews, NHEFS is primarily a personal interview survey that relies on self-reporting of conditions. In addition, hospital and nursing home records were collected for any episode that occurred since the respondent's NHANES I examination, and death certificates were collected for those who had died. The sample is followed annually with the use of the National Death Index to obtain death certificates for respondents who have died between follow-up interviews. Health care facility records and death certificates were reviewed for the decedents. Pulse rate, weight, and blood pressure measurements were recorded for surviving participants.

### **Sample Characteristics:**

NHEFS82 traced a total of 13,383 of the 14,407 NHANES I respondents. The sample was chosen from participants who were ages 25 to 74 when examined in NHANES I. Proxies were used for those who were incapacitated or deceased. A total of 10,523 living respondents were interviewed out of the 11,361 who were traced (93% response rate).

### **Alcohol Variables:**

NHEFS82 alcohol variables were derived from the following drinking questions:

- Have you had at least 12 drinks of any kind of alcoholic beverage in any 1 year?
- What is your main reason for not drinking?
- Have you had at least one drink of beer, wine, or liquor during the past year?
- What is your main reason for not drinking in the past year?
- How old were you when you quit drinking?
- On average, how often do you drink alcoholic beverages (i.e., beer, wine, or liquor)?
- On days that you drink, about how many drinks do you usually have?
- In how many of the past 12 months did you have at least 1 drink of any alcoholic beverage?
- During the past 12 months, on about how many days did you have nine or more (five or more) drinks of any alcoholic beverage?
- Do you now drink more, less, or about the same as you did a year ago?
- Do you now consider yourself a light, moderate, or heavy drinker?
- Which drinking category best describes your usual drinking pattern when you were 25, 35, 45, 55, 65, 75? For each age level, the categories range from 9+ drinks a day or 60+ per week to less than 1 drink a week.
- Did you ever drink more than the amount you drank when you were (age of greatest drinking) for 3 months or longer? Which of the categories best describes your drinking during that period? About how old were you when you started drinking that amount? For about how long was this typical of your drinking?

### **Other Variables:**

Other NHEFS82 variables included demographics (age, sex, race, education, occupation, income,

employment status, marital status), medical history (medical conditions), nutrition (dietary

recall and food frequency), and physical examination.

## National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS86)—1986

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS

3311 Toledo Road, Room 4551

Hyattsville, MD 20782-2064

1-800-232-4636

<https://wwwn.cdc.gov/nchs/nhanes/nhefs/default.aspx>

### **Availability:**

Data files are available for download from <https://wwwn.cdc.gov/nchs/nhanes/nhefs/publicuse.aspx>. Due to confidentiality requirements, the NHEFS linked mortality file is only accessible through the NCHS Research Data Center (RDC) at <http://www.cdc.gov/rdc/index.htm>.

### **Overview:**

NHEFS86 was conducted to extend the follow-up period for the older NHEFS population. The main objectives of NHEFS86 were to (1) continue monitoring changes over time in health, functional status, and utilization of hospitals and nursing homes; and (2) track the incidence of various medical conditions.

### **Survey Design/Methodology:**

NHEFS86 was restricted to 5,677 NHEFS subjects who were ages 55 and older at the time of their NHANES I examination (almost 40% of the entire cohort). Tracking and data collection in 1986 consisted of a portion of these subjects, known as the 1986 follow-up cohort. The design and data collection in NHEFS86 was similar to NHEFS82. In NHEFS86, each interview averaged 30 minutes and was conducted primarily by telephone. A 2-hour in-person interview was conducted in NHEFS82. No physical measures were taken in NHEFS86.

### **Sample Characteristics:**

The NHEFS86 cohort consisted of 3,980 subjects ages 55 and older at NHANES I who were living during NHEFS82–84.

### **Alcohol Variables:**

Alcohol (drinking) variables in NHEFS86 included five questions:

- Have you had at least one drink of beer, wine, or liquor during the past year?
- How often did you drink alcoholic beverages?
- How many cans or bottles of beer did you drink per day, week, month, or year?
- How many glasses of wine did you drink?
- How many shots or drinks of hard liquor, either straight or in a mixed drink, did you drink?

### **Other Variables:**

To maintain item comparability, most questions in NHEFS86 were the same as those used in previous NHEFS administrations. Other variables included demographic data. In addition, subject and proxy interviews were sectioned to provide information on the following: living arrangements; household composition; history of selected medical conditions; functional limitation; smoking and alcohol habits; exercise and weight; vision and hearing; pregnancy and menstrual history; community services; activity level; urinary incontinence; changes in memory; utilization of hospitals, nursing homes, and other health care facilities; and locality of subject's death.

## National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS87)—1987

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS  
3311 Toledo Road, Room 4551  
Hyattsville, MD 20782-2064  
1-800-232-4636

<https://www.cdc.gov/nchs/nhanes/nhefs/default.aspx>

### **Availability:**

Data files are available for download at <https://www.cdc.gov/nchs/nhanes/nhefs/publicuse.aspx>. Due to confidentiality requirements, the NHEFS linked mortality file is only accessible through the NCHS Research Data Center (RDC) at <http://www.cdc.gov/rdc/index.htm>.

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### **Overview:**

NHEFS87, the third wave of the NHANES I follow-up, collected information on changes in the health and functional status of the entire NHEFS cohort since the last contact. The design and data collection procedures adopted in NHEFS87 were very similar to the ones developed in the previous surveys: subjects were tracked, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. All subjects whose vital status was not obtained through tracking procedures were considered lost to follow-up.

### **Survey Design/Methodology:**

NHEFS87 consisted of all living respondents from the NHANES I cohort who completed a medical examination for the baseline survey (14,407). Interviews were conducted in a similar manner to those in NHEFS86, with each interview averaging 30 minutes and taking place primarily by telephone using a Computer-Assisted Telephone Interviewing (CATI) system. No physical measurements were taken in NHEFS87.

### **Sample Characteristics:**

At the end of the data collection period for NHEFS87, 11,018 of the 11,750 members of the NHEFS cohort had been successfully tracked. Interviews were conducted with 9,998 subjects (a response rate of 91%). In addition, 7,361 facility stay records were collected for 3,472 subjects, and

death certificates were obtained for 524 of the 555 subjects who were deceased since last contact.

### **Alcohol Variables:**

NHEFS87 alcohol variables were derived from the following:

- Has the subject had at least one drink of beer, wine, or liquor in the past year?
- [For each beverage type in the past year] How often did the subject drink (beer, wine, liquor) and, on average, how often did the subject drink (beer, wine, liquor)?
- On drinking days, how many (cans, glasses, shots) were consumed each day?

### **Other Variables:**

To maintain item comparability with both NHANES I and the earlier surveys in the NHEFS series, the majority of questions in NHEFS87 are the same as those used previously. Demographic data are available. In addition, subject and proxy questionnaires were divided into categories. They provided data to construct the following variables: living arrangements and household composition; history of selected medical conditions; functional limitation; smoking and alcohol habits; exercise and weight; vision and hearing; pregnancy and menstrual history; utilization of hospitals, nursing homes, and other health care facilities; and locality of subject's death.

## National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS92)—1992

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS  
3311 Toledo Road, Room 4551  
Hyattsville, MD 20782-2064  
1-800-232-4636

<https://wwwn.cdc.gov/nchs/nhanes/nhefs/default.aspx>

### **Availability:**

Data files are available for download at <https://wwwn.cdc.gov/nchs/nhanes/nhefs/publicuse.aspx>. Due to confidentiality requirements, the NHEFS linked mortality file is only accessible through the NCHS Research Data Center (RDC) at <http://www.cdc.gov/rdc/index.htm>.

### **Overview:**

NHEFS92, the fourth wave of NHEFS, collected information on changes in the health and functional status of the entire NHEFS cohort since the last contact. The design and data collection procedures adopted in NHEFS92 were very similar to those developed in NHEFS87: subjects were tracked, subject and proxy interviews were conducted, and health care facility abstracts and death certificates were collected. All subjects whose vital status was not obtained through tracking procedures were considered lost to follow-up.

### **Survey Design/Methodology:**

Interviews were conducted in a similar manner to those in NHEFS86/87, with each interview averaging 30 minutes and taking place primarily by telephone using a Computer-Assisted Telephone Interviewing (CATI) system. NHEFS92 consisted of all living respondents from the NHANES I cohort who completed a medical examination at the baseline survey (14,407).

### **Sample Characteristics:**

At the end of the NHEFS92 data collection period, 10,079 of the 11,195 members of the NHEFS87 cohort had been successfully tracked (90%). Interviews were conducted for 9,281 subjects of this cohort (response rate of 92%). In addition, 10,535 facility stay records were collected, and death certificates were obtained for 90 percent of subjects who were deceased since last contact.

### **Alcohol Variables:**

Alcohol questions consist of the following:

- Has subject had at least one drink of beer, wine, or liquor in past year?
- During the past year how often did subject drink beer?
- On days subject drank beer, how many cans, bottles, or glasses did subject drink?
- During the past year how often did subject drink wine?
- On days subject drank wine, how many glasses did subject drink?
- During the past year how often did subject drink liquor?
- On days subject drank liquor, how many shots of liquor did subject drink?

### **Other Variables:**

To maintain item comparability with NHANES I, NHEFS82, NHEFS86, and NHEFS87, the majority of questions in NHEFS92 were the same used in the previous surveys. Demographic information is available. In addition, subject and proxy questionnaires were divided into categories that determined the following: living arrangements and household composition; history of selected medical conditions; functional limitations; smoking and alcohol habits; exercise and weight; vision and hearing; pregnancy and menstrual history; utilization of hospitals, nursing homes, and other health care facilities.

## National Health and Nutrition Examination Survey II (NHANES II)—1976–1980

**Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

**Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS  
3311 Toledo Road, Room 4551  
Hyattsville, MD 20782-2064  
1-800-232-4636  
<http://www.cdc.gov/nchs/nhanes/nhanesii.htm>

**Availability:**

Data files are available for download from <http://www.cdc.gov/nchs/nhanes/nhanesii.htm>. Due to confidentiality requirements, the NHANES II linked data files only are available for analysis through the NCHS Research Data Center at <http://www.cdc.gov/rdc/index.htm>.

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**Overview:**

NHANES II was designed to monitor the nutritional status and medical condition of the U.S. population. It consisted of eight elements, including questionnaires on household, medical histories for persons ages 6 months to 11 years and for persons ages 12–74, dietary intake (2), medication and vitamin usage, a dietary supplement, and a behavior questionnaire. To establish a baseline for assessing changes over time, data collection for NHANES II was made comparable to NHANES I. Therefore, the measurements for both surveys were taken in the same way and with the same age groups in the U.S. population.

**Survey Design/Methodology:**

NHANES II, however, employed a different sample design than that used with NHANES I. Different definitions and stratification procedures were used to identify primary sampling units (PSUs). Three subgroups of the population were given special consideration in the nutritional assessment: preschool children (6 months to 5 years), persons ages 60 to 74, and persons whose income was below the poverty level as defined by the 1970 U.S. Census. These procedures resulted in 64 PSU geographic locations throughout the United States.

NCHS conducted a linkage of NHANES II with records in the National Death Index (1976–2000) and the Medicare Utilization and Expenditure data (1962–2000). The linkage of the NHANES II

survey participants with the other data provided opportunities to conduct studies designed to investigate the association of a variety of health factors with disability, chronic disease, health care utilization, morbidity, and mortality.

**Sample Characteristics:**

NHANES II sampled 27,801 persons ages 6 months to 74 years, of which 20,322 were given medical exams.

**Alcohol Variables:**

NHANES II included alcoholic beverage use in both the Dietary 24-Hour Recall and the Food Frequency Questionnaire. Beer, wine, and liquor were included in the alcoholic beverages food group. The survey also had quantity–frequency (QF) questions covering a reporting window of 3 months. Drinking frequency response categories included never, less than once a week, and 1–6 times a week. Drinking quantity response categories included 1–24 times, 1–5 times, and 1–15 times per day.

**Other Variables:**

Demographic variables included age, sex, and race. Other variables include medical history, health history, dietary intake (24-hour recall and supplement), medications/vitamin usage, behavior questionnaire, control record, body measurements, audiometry, allergy testing, spirometry, liver function test, glucose challenge, speech pathology test, and physician's examination.

**National Health and Nutrition Examination Survey II Mortality Study (NH2MS)—  
1976–2006****Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

**Contact:**

Division of Health and Nutrition Examination Surveys  
Office of Analysis and Epidemiology  
NCHS  
3311 Toledo Road, Room 6435  
Hyattsville, MD 20782  
1-800-232-4636

**Availability:**

Data files are available for download from  
[ftp://ftp.cdc.gov/pub/Health\\_Statistics/NCHS/Datasets/NH2MS](ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NH2MS).

**Overview:**

NH2MS, conducted from February 1976 to December 2006, was a prospective cohort study that passively followed a subset of NHANES II participants. The NH2MS was designed to investigate the association between factors measured at baseline with NHANES II and overall mortality or death from specific causes. NHANES II obtained information gathered from physical exams, laboratory tests, and interviews, whereas NH2MS involved searching national databases containing mortality and cause-of-death information about deceased NHANES II respondents. NH2MS mortality data can be linked with baseline NHANES II data to examine the relationships between health factors and specific causes of death.

**Survey Design/Methodology:**

NH2MS mortality status was ascertained by searching two computerized databases containing information on deaths occurring in the U.S.: the National Death Index (NDI), compiled by NCHS, and the Social Security Administration's (SSA) Death Master File. NH2MS's design differs from that of the NHEFS series in that it is entirely passive. As a passive follow-up, NH2MS subjects were not recontacted NHANES II participants, nor were all death certificates obtained. Mortality

status was ascertained solely by computerized matching to national databases and evaluation of the resulting matches. The length of the follow-up periods ranged from 26 to 30 years.

**Sample Characteristics:**

NH2MS was comprised of adults who were ages 30–75 at the time of their NHANES II examination (n=9,252). This cohort was a subset of the persons selected to participate in the NHANES II (which consisted of a nationwide probability sample of approximately 28,000 persons ages 6 months through 74 years from the civilian, noninstitutionalized population of the U.S.). Some NHANES II participants were interviewed but not examined, and only those examined were followed for mortality status.

**Alcohol Variables:**

Alcohol variables such as the frequency of alcohol use in the Dietary 24-Hour Recall and the Food Frequency Questionnaire from NHANES II (see page 32) can be linked with the mortality data.

**Other Variables:**

NH2MS mortality data can be linked with the earlier baseline NHANES II data to examine the relationships between specific causes of death and a wide variety of health and nutrition information.

## National Health and Nutrition Examination Survey III (NHANES III)—1988–1994

**Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

**Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS  
3311 Toledo Road  
Hyattsville, MD 20782-2003  
1-800-232-4636  
<https://www.cdc.gov/nchs/nhanes/nhanes3.htm>

**Availability:**

Data files are available for download from <https://www.cdc.gov/nchs/nhanes/nhanes3/DataFiles.aspx>. Due to confidentiality requirements, the NHANES III linked data files only are available for analysis through the NCHS Research Data Center (<http://www.cdc.gov/rdc/>).

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**Overview:**

NHANES III, the third cycle in the NHANES series, was conducted on a nationwide probability sample during 1988–1994. The survey was designed to collect information on the health and nutritional status of a national sample of the U.S. population through interviews and direct physical examinations.

**Survey Design/Methodology:**

NHANES III is the largest of the NHANES series so far. Black Americans and Mexican Americans were oversampled and comprised about 30 percent of the total sample. All selected persons were asked to complete an extensive interview and were examined in a mobile examination center. The survey period (1988–1994) consisted of two phases of equal length and sample size. Both Phase 1 and Phase 2 data collection involved random samples of the U.S. population living in households. NHANES III data were contained in five separate files (Adult Household Data, Youth Household Data, Examination Data, Laboratory Data, and Dietary Recall Data) that contain nearly all the data collected in the survey.

NCHS conducted a linkage of NHANES III with records in the National Death Index (1988–2000), the Medicare Enrollment and Claims data (1991–2000), and the Social Security benefit history data (1962–2003). The linkage of the NHANES III survey participants with the other data provides opportunities to conduct studies designed to investigate the association of a variety of health factors with disability, chronic disease, health care utilization, morbidity, and mortality.

**Sample Characteristics:**

NHANES III used a nationwide probability sample of 39,695 persons ages 2 months and older, including large samples of both young and old respondents. About 12,000 of the sample persons were Black, 12,000 were Mexican Americans, and the remaining 16,000 were of all other race and ethnicity groups. In the 6-year sample, 33,994 sample persons were interviewed and 30,818 people were examined. NHANES III consists of 20,050 adult household data records, 29,314 lab data records, 13,994 youth household data records, and 31,311 examination data records.

**Alcohol Variables:**

Alcohol questions were asked of respondents ages 12 and older regarding alcohol use in the past 12 months, including number of drinking days, number of drinks per day on drinking days, number of days consumed 5+ and 9+ drinks, and ever consumed 5+ drinks almost every day (adults only). Frequency of drinking (beer, wine, hard liquor) in the past month were asked of youths ages 12 to 16 in the dietary food frequency section of NHANES III.

**Other Variables:**

Some of the 30 topics covered in NHANES III included high blood pressure, high blood cholesterol, obesity, passive smoking, lung disease, osteoporosis, HIV, hepatitis, helicobacter pylori, immunization status, diabetes, allergies, growth and development, blood lead, anemia, depression, food sufficiency, dietary intake, antioxidants, and nutritional blood measures.

## National Health and Nutrition Examination Survey (Continuous NHANES)— 1999–2016

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health and Nutrition Examination Surveys  
NCHS

3311 Toledo Road, Room 4551

Hyattsville, MD 20782-2064

1-800-232-4636

<http://www.cdc.gov/nchs/nhanes.htm>

### **Availability:**

Data files are available for download from [http://www.cdc.gov/nchs/nhanes/nhanes\\_questionnaires.htm](http://www.cdc.gov/nchs/nhanes/nhanes_questionnaires.htm).

Restricted data can be found through the NCHS Research Data Center at

<https://www.cdc.gov/rdc/b1datatype/dt1222.htm>.

### **Overview:**

The latest NHANES began in 1999 and became a continuous program focusing on various health and nutrition measures to meet emerging needs. The survey was designed to obtain nationally representative information on the health and nutritional status of the U.S. population through interviews and physical examinations.

### **Survey Design/Methodology:**

The continuous NHANES examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year. All selected persons are asked to complete an extensive interview. More than 90 percent of those are given a physical examination in a mobile examination center (MEC). Audio computer-assisted personal self-interview (ACASI) and computer-assisted personal interview (CATI) questionnaires are administered in the MEC. The data are contained in more than 50 separate files under the broad categories of Demographic Data, Examination Data, Laboratory Data, and Questionnaire Data.

### **Sample Characteristics:**

NHANES samples include persons in the civilian, non-institutionalized population ages 2 months and older. Certain demographic subgroups, including Mexican American Hispanics, non-Hispanic Blacks, older adults, and low-income Whites/others are oversampled to enable accurate estimates for these groups. Starting in 2007, a new sampling methodology was implemented that oversampled all Hispanics, not just Mexican Americans. Starting in 2011, Non-Hispanic Asians were also oversampled. Beginning in 2007, the

12–15 and 16–19 age domains were combined, and the 40–59 age minority domains were split into domains 40–49 and 50–59. Participation in laboratory tests depends on respondent age and sex. Data are released in 2-year period cycles and are currently available for 1999–2000 through 2015–2016, with about 10,000 respondents per period.

### **Alcohol Variables:**

Respondents ages 18 and older (20 and older before 2013–2014) were asked about their lifetime and past year alcohol use. The past-year questions included the number of drinking days, drinks per day on drinking days, and days consumed 5+ drinks. Beginning with the 2011–2012 survey, females were asked about consuming 4+ drinks instead of 5+. The amount of alcohol consumed in the past 24 hours and the frequency of beer, wine, and liquor consumption in the past 30 days were also assessed.

Respondents ages 12–17 (12–19 before 2013–2014) were asked about the number of days having 1+ drinks in life, as well as past-month alcohol use, including the number of days having 1+ drinks and 4/5+ drinks. These variables are not released to the public, but they can be analyzed through the NCHS Research Data Center.

### **Other Variables:**

There are more than 50 topics investigated in the continuous NHANES. They include health insurance, immunization, smoking, drug use, physical activity, weight, dietary intake, reproductive history, sexual behavior, environmental exposures, physical fitness and functioning, mental health, cognitive functioning, hearing loss, vision, and select medical conditions.

**National Health Interview Survey (NHIS)—General Description, 1957–1996, Annually**

**Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

**Contact:**

Division of Health Interview Statistics  
 NCHS  
 3311 Toledo Road, Room 2217  
 Hyattsville, MD 20782-2064  
 (301) 458-4901  
[nhis@cdc.gov](mailto:nhis@cdc.gov)  
<http://www.cdc.gov/nchs/nhis.htm>

**Availability:**

NHIS data files for 1963–1996 are available for download from [http://www.cdc.gov/nchs/nhis/quest\\_data\\_related\\_1996\\_prior.htm](http://www.cdc.gov/nchs/nhis/quest_data_related_1996_prior.htm). Due to confidentiality requirements, the NHIS linked data files only are available for analysis through the NCHS Research Data Center (<http://www.cdc.gov/rdc/>).

**Overview:**

Since its inception in 1957, NHIS has been a continuing nationwide sample survey in which U.S. Census Bureau interviewers collect data through personal interviews with household members. Data are used to provide national estimates on the incidence of acute conditions, the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services (physician visits and hospital episodes), and other health-related topics. All conditions are coded according to the International Classification of Diseases (ICD). NHIS is redesigned periodically to emphasize data collection on current health issues. The NHIS questionnaire and data preparation procedures were extensively revised in 1982. Sampling revisions were introduced in 1985 and 1995. Use of supplements also allows specialized data collection. Supplements may include health promotion and disease prevention (HPDP), knowledge of, and attitudes toward, AIDS, smoking, alcohol and other drug use, cancer and heart disease risk factors, other health risk factors, health insurance, and aging.

**Survey Design/Methodology:**

Conceptually, the NHIS sampling plan has remained the same since 1957. It follows a stratified multistage probability design that permits a continuous sampling of the noninstitutionalized civilian population residing in the 50 states and the District of Columbia. The survey designs for 1973–1984 had 386 primary sampling units (PSUs). For the years 1985–1994,

there were 198 PSUs, and the most recent design (1995–2005) employs a total of 358 PSUs. NHIS data are obtained through personal interviews with household members. Proxy reporting by a knowledgeable adult is used for absent adults and persons younger than age 19. Interviews are conducted weekly for 1 year by the U.S. Census Bureau interviewers using a probability sample of households. Blacks are oversampled.

NCHS has conducted a linkage of the NHIS in 1986 and later years with records in the National Death Index (1986–2002), the Medicare Enrollment and Claims data (1991–2000), and the Social Security benefit history data (1962–2003). The linkage of the NHIS survey participants with the other data provides opportunities to conduct studies designed to investigate the association of a variety of health factors with disability, chronic disease, health care utilization, morbidity, and mortality, using the rich data from the NHIS core and supplement questionnaires.

**Sample Characteristics:**

The NHIS sample size varies by component and by year, ranging from approximately 43,000 households including 106,000 persons. The technical characteristics of NHIS data for 1983–1996 are as follows:

Year	Number of Records		Supplement*
	Household	Person	
1983	40,912	105,620	Alcohol Section
1984	41,471	105,290	
1985	36,399	91,531	HPDP
1986	24,698	62,052	

Year	Number of Records		Supplement*
	Household	Person	
1987	49,569	122,859	Cancer Risk Factor
1988	50,061	122,310	Alcohol Section
1989	48,054	116,929	
1990	48,680	119,631	HPDP
1991	48,853	120,032	Drug and Alcohol Use and HPDP
1992	51,643	128,412	YRBS Cancer Epidemiology
1993	43,007	109,671	Clinical and Prevention Services
1994	45,705	116,179	Disability Followback and Year 2000 Objectives
1995	39,239	102,467	
1996	24,371	63,402	

\*Listed if alcohol variables included.

**Alcohol Variables:**

Alcohol variables are available in several NHIS supplement surveys, as described in the following pages.

**Other Variables:**

For each sample person, there are five files in the core questionnaire containing items on health conditions, doctor visits, hospital stays, household characteristics, and person characteristics.

## National Health Interview Survey (NHIS)—General Description, 1997–2016, Annually

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention

### **Contact:**

Division of Health Interview Statistics  
NCHS  
3311 Toledo Road, Room 2217  
Hyattsville, MD 20782-2064  
(301) 458-4901  
[nhis@cdc.gov](mailto:nhis@cdc.gov)  
<http://www.cdc.gov/nchs/nhis.htm>

### **Availability:**

Data files are available for download from [http://www.cdc.gov/nchs/nhis/quest\\_data\\_related\\_1997\\_forward.htm](http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm). Due to confidentiality requirements, the NHIS linked data files only are available for analysis through the NCHS Research Data Center (<http://www.cdc.gov/rdc/>).

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### **Overview:**

NHIS is a multipurpose health survey conducted continuously since 1957 by NCHS to obtain national information about the incidence and distribution of illness, its effects in terms of disability and chronic impairments, and the type of health services people receive. It is the principal source of health information on the civilian, noninstitutionalized, household population of the United States.

NHIS core questionnaire items are revised approximately every 10–15 years, with the last major revision occurring in 1997. In 1982–1996, NHIS consisted of two parts: (1) a core set of basic health and demographic items and (2) one or more supplemental sets of questions on current health topics. NCHS initiated a redesign of the NHIS questionnaire that was fielded in 1997 to reduce the data collection burden and the interview length.

NHIS's redesign has three parts or modules: a Basic Module, a Periodic Module, and a Topical Module on prevention. The Basic Module functions as the new core questionnaire (consisting of four components: Household, Family, Sample Adult, and Sample Child). It will remain largely unchanged from year to year and will allow for trend analysis. In addition, for analytic purposes, data from more than 1 year can be pooled to increase the sample cell sizes.

### **Survey Design/Methodology:**

NHIS is based on a stratified multistage sample design. Data are collected by the U.S. Census Bureau using computer-assisted interviews. For

the Family Core component of the Basic Module, all adult members of the household ages 18 and older who are at home at the time of the interview are invited to participate and to respond for themselves. For children and adults not at home during the interview, information is provided by a knowledgeable adult family member (age 18 or older) residing in the household. From each family in the survey, one sample adult and one sample child (if any children under age 18 are present) are randomly selected. This adult responds to the questions in the Sample Adult questionnaire for him- or herself. Information for the Sample Child questionnaire is obtained from a knowledgeable adult in the household.

Changes in the state-level stratification increased the number of primary sampling locations from 198 to 358 in the 1995–2005 NHIS to enhance state estimation capabilities. Both Black and Hispanic populations are oversampled to allow for more precise estimation of health in these growing minority populations.

In 2006, a new sample design reduced the size of NHIS by about 13 percent relative to the previous sample design. Also starting in 2006, the new sample design included Asian persons in the oversampling of minority populations in the NHIS. The sample adult selection process has been revised for the new sample design in 2006 so that Black, Hispanic, or Asian persons ages 65 and older have an increased chance of being selected as the sample adult. In the 2016 design updates, sample addresses came from field listing on a limited basis and only in select areas.

**Sample Characteristics:**

Most NHIS families consist of a group of two or more related persons who are living together in the same housing unit (household) in the sample. Individuals living alone or, in some instances, unrelated persons sharing the same household may also be considered as one family.

The sample sizes for 1997–2016 are as follows:

Year	Families	Persons	Adults	Children
1997	40,623	103,477	36,116	14,290
1998	38,773	98,785	32,440	13,645
1999	38,171	97,059	32,801	12,910
2000	39,264	100,618	32,374	13,376
2001	39,633	100,761	33,326	14,709
2002	36,831	93,386	31,044	12,524
2003	36,573	92,148	30,852	12,249
2004	37,466	94,460	31,326	12,424
2005	39,284	98,649	31,428	12,523
2006	29,868	75,716	24,275	9,837
2007	29,915	75,764	23,393	9,417
2008	29,421	74,236	21,781	8,815
2009	34,640	88,446	27,731	11,156
2010	35,177	89,976	27,157	11,277
2011	40,496	101,875	33,014	12,850
2012	43,345	108,131	34,525	13,275
2013	42,321	104,520	34,557	12,860
2014	45,597	112,053	36,697	13,380
2015	42,288	103,789	33,672	12,291
2016	40,875	97,169	33,028	11,107

**Alcohol Variables:**

Alcohol questions are in the NHIS core questionnaire and include the following: 12+ drinks in lifetime, 12+ drinks in the past year, frequency of drinking (number of days drank in the past year), average number of drinks on drinking days in the past year, and the number of days in the past year having had 5+ drinks for men or 4+ drinks for women.

**Other Variables:**

Other variables include many sociodemographic characteristics and variables related to limitation of activity, injuries, poisoning, health insurance, access to health care, health care utilization, health conditions, income and assets, immunizations, and testing for AIDS. The 2000 Cancer Control Module covers Hispanic acculturation, diet and nutrition, physical activity, tobacco, cancer screening, genetic testing, and family history of cancer.

## National Health Interview Survey on Disability (NHIS-D) and Year 2000 Objectives—1994–1995

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

Division of Health Interview Statistics  
NCHS  
3311 Toledo Road, Room 2217  
Hyattsville, MD 20782-2064  
(301) 458-4901  
[nhis@cdc.gov](mailto:nhis@cdc.gov)  
[http://www.cdc.gov/nchs/nhis/nhis\\_disability.htm](http://www.cdc.gov/nchs/nhis/nhis_disability.htm)

### **Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/cocoon/ICPSR/STUDY/06875.xml> (1994) and <http://www.icpsr.umich.edu/cocoon/ICPSR/STUDY/02528.xml> (1995). Data can also be obtained from NCHS's Division of Health Interview Statistics.

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### **Overview:**

NHIS-D was a supplementary survey to the NHIS and was conducted in two phases over a 2-year period from 1994 to 1995. NHIS-D gathers more specific information than the NHIS on sample members with disabilities (e.g., diagnostic, functional, social, and behavioral characteristics; service needs and use; and general circumstances and experiences). NHIS-D uses varying definitions of disability to collect data to help understand disability, to develop public health policy, to produce simple prevalence estimates of selected health conditions, and to provide descriptive baseline statistics on the effects of disabilities. Data items related to Year 2000 objectives were included in the NHIS-D Phase I survey.

### **Survey Design/Methodology:**

NHIS-D Phase I was conducted concurrently with the NHIS Core survey. The regular NHIS Core and the NHIS-D Phase I supplemental data were used to identify persons with disabilities to be included in the Phase II followback interviews, which typically occurred several months after the initial household visit. Phase II NHIS-D was developed for four age groups (<18, 18+, 18+ with a history of polio, and elderly persons [69+] without any indication of disability).

### **Sample Characteristics:**

Phase I was administered to about 73,000 households: 42,000 in the 1994 sample and 31,000 in the 1995 sample. Taken together, about 186,000 individuals were interviewed using the Phase I questionnaire. Eighteen thousand adults and 5,000 children from the 1994 cohort and 12,800

adults and 3,600 children from the 1995 cohort were identified in Phase I as having a disability. There were 19,738 respondents to the Year 2000 Objectives Supplement.

### **Alcohol Variables:**

Disability Supplement, Part E, Mental Health:

- During the past 12 months, did respondent have an alcohol abuse disorder?

Year 2000 Objectives Supplement, Part E, Clinical Preventive Services:

- During your last checkup, were you asked about how much and how often you drink alcohol?

Disability Followback, Child Questionnaire, Section K, Mental Health asks about substance abuse services in past 12 months.

Disability Followback, Adult Questionnaire, Section M, Health Opinions and Behaviors, and Aging Questionnaire, Section K, Health Opinions and Behaviors:

- Have you had at least one drink of beer, wine, or liquor in the past year?
- During the past year, on the average, on how many days did you drink alcoholic beverages?
- On those days when you drank, about how many drinks would you say you had?

### **Other Variables:**

In addition to NHIS Core items, major data collection topics included immunization, disability, family resources, Year 2000 objectives, knowledge and attitudes about AIDS, and disability followback on children, adults, and aging cohorts.

**National Health Interview Survey (NHIS), Year 2000 Objectives Supplement—1993****Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

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[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

**Availability:**

Data files are available for download from [http://wonder.cdc.gov/wonder/sci\\_data/surveys/nhis/type\\_txt/year2000.asp](http://wonder.cdc.gov/wonder/sci_data/surveys/nhis/type_txt/year2000.asp). Data files can also be obtained through NCHS's Division of Health Interview Statistics.

**Overview:**

One or more sets of supplemental questions are added to NHIS each year to gather information on topics that are not covered in the core set of questions. Year 2000 Objectives Supplement was one of six supplements in the 1993 NHIS. The Objectives Supplement contained items on nine selected topics that relate to the Year 2000 Health Objectives of the Department of Health and Human Services (HHS): environmental health, tobacco use, nutrition, occupational safety and health, heart disease, other chronic and disabling conditions, clinical and preventive services, mental health, and oral health.

**Survey Design/Methodology:**

NHIS data in 1993 were collected in the latter half of the year for all topics. A person age 18 or older was sampled from each household.

**Sample Characteristics:**

There were 21,028 respondents to the Year 2000 Objectives Supplement for 1993.

**Alcohol Variables:**

One alcohol question included under the clinical and preventive services section of Year 2000 Objectives Supplement asks whether the respondent was asked during his or her last medical checkup, "How much and how often do you drink alcohol?"

**Other Variables:**

This supplement includes variables from the NHIS Core Person File, including sex, age, race, marital status, veteran status, education, income, industry and occupation codes, and limits on activity. Other variables include type of residence, whether the home was built before 1950, whether household air was tested for radon, current smoking status, current activities to control weight, employer-sponsored exercise programs, amount of stress in the past year, and the effect of stress on health in the past year. Variables on mental health and oral health include amount of stress in the past 2 weeks and in the past year, total number of dental visits in the past 12 months, loss of teeth, and general health status.

## National Health Interview Survey (NHIS), YRBS and Cancer Epidemiology Supplements—1992

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

Division of Health Interview Statistics  
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3311 Toledo Road, Room 2217  
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(301) 458-4901  
[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

### **Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/cocoon/ICPSR/STUDY/06345.xml> (YRBS) and <http://www.icpsr.umich.edu/cocoon/ICPSR/STUDY/06349.xml> (Cancer Epidemiology). Data files can also be obtained through NCHS's Division of Health Interview Statistics.

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### **Overview:**

The 1992 Youth Risk Behavior Survey was a followback to the 1992 NHIS and is one piece of a larger system of research, the Youth Risk Behavior Surveillance System (YRBSS), which was developed to monitor the major risk behaviors of American youth. The 1992 Cancer Epidemiology Supplement to the NHIS was designed to monitor the risk factors for cancer and the U.S. adult population's knowledge, beliefs, and attitudes associated with cancer.

### **Survey Design/Methodology:**

For the Cancer Epidemiology Supplement, one person age 18 or older was randomly sampled from each household in the 1992 NHIS sample. Hispanic Americans were oversampled. For the YRBS, the sample of children ages 12 to 21 was drawn from families who were interviewed for the 1992 NHIS. The sampled YRBS youth were contacted in person and responded for themselves. Information was obtained by the use of cassette tape recorder and tape containing the previously recorded YRBS questions. Sample youth listened to the taped interview and recorded their responses on answer sheets. Identification of out-of-school youth was achieved by inquiring whether the respondent was now going to school or on vacation from school.

### **Sample Characteristics:**

The YRBS sample included 10,645 respondents, ages 12–21. The Cancer Epidemiology Supplement included 12,005 respondents.

### **Alcohol Variables:**

Questions in the Epidemiology Supplement were repeated for beer, wine, and liquor:

- During the past year or so, how often did you drink \_\_\_\_\_?
- On the days you drank \_\_\_\_\_, how many (cans/glasses/bottles) did you drink?
- Were they small, medium, or large?

YRBS alcohol questions include age at first drink, lifetime drinking, past 30 days drinking, binge drinking in past 30 days, frequency of riding with drinking driver in past 30 days, and frequency of driving after drinking in the past 30 days.

### **Other Variables:**

The Cancer Epidemiology Supplement included questions on immunization, acculturation, food frequency, vitamin and mineral intake, height and weight, food knowledge, cancer survivorship, smoking, occupational exposure, and family resources.

YRBS question topics included seatbelt and bike helmet use, physical fighting, use of weapons, tobacco use, other drug use, HIV knowledge, weight, diet, dieting history, exercise, and history of runaway and sexual behaviors.

**National Health Interview Survey (NHIS), Drug and Alcohol Use Supplement—1991****Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

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[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

**Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/cocoon/ICPSR/STUDY/06132.xml>. Data files can also be obtained through NCHS's Division of Health Interview Statistics.

**Overview:**

The 1991 NHIS included data on health conditions, current health status, and disabilities. The Drug and Alcohol Supplement collected additional data to study relationships between drug use and the various indicators in the NHIS (e.g., health status and health care utilization related to substance use and abuse).

**Survey Design/Methodology:**

The Drug and Alcohol Supplement was a self-administered cross-sectional household interview survey of respondents ages 18–44 using the NHIS multistage probability design that permits continuous sampling throughout the year.

**Sample Characteristics:**

The sample included 21,174 respondents, ages 18–44, with a response rate of 76 percent. This sample is a subset of the NHIS special topic

questionnaire on Health Promotion and Disease Prevention (HPDP).

**Alcohol Variables:**

Questions included lifetime and past 12 month quantity and frequency of use for all beverages combined; largest number of drinks in a single day; and frequency of drinking at maximum level.

**Other Variables:**

Drug questions include use of prescription medicine, sedatives, tranquilizers, painkillers, inhalants, hallucinogens, heroin, marijuana, cocaine, and crack cocaine. A question about driving under the influence of drugs is also included. Demographic and health variables (e.g., health status and limitations, acute and chronic conditions, and health care utilization) from the core NHIS can be linked to variables in the supplement.

## National Health Interview Survey, Health Promotion and Disease Prevention Supplement (NHIS-HPDP)—1985, 1990, and 1991

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

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[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

### **Availability:**

Data files are available for download from <http://www.icpsr.umich.edu> by searching for Health Promotion and Disease Prevention. Data files can also be obtained through NCHS's Division of Health Interview Statistics.

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### **Overview:**

In addition to the NHIS core questionnaire, the Health Promotion and Disease Prevention Supplement (HPDP) was used to assess progress toward the Year 2000 Health Objectives for the nation. Many of the questions were directed toward knowledge of the risks and benefits of certain health practices. Questions were repetitions of those asked in 1985, allowing for examination of trends.

### **Survey Design/Methodology:**

This general household survey of the U.S. civilian noninstitutionalized population used a multistage probability design that permits continuous sampling throughout the year. One randomly selected individual, age 18 or older, in each selected household was asked to respond to the HPDP supplement.

### **Sample Characteristics:**

The sample size for the HPDP supplement was 33,630 individuals in 1985, 41,104 individuals in 1990, and 43,732 in 1991.

### **Alcohol Variables:**

Alcohol variables include the following: quantity and frequency of alcohol consumption, number of days consumed 5+ and 9+ drinks per day, main reason for not drinking, driving when having had too much to drink, knowledge of the risk of heavy alcohol drinking on certain health conditions, miscarriages, pregnancy outcome, and knowledge of fetal alcohol syndrome.

### **Other Variables:**

Sociodemographic variables include sex, age, race, marital status, geographic region, education, income, and employment status. Health variables include acute illness, injuries, disability days associated with acute and chronic conditions, prevalence of selected chronic conditions and impairments, limitation of activity, use of physicians, and hospital stays. The 1985 HPDP supplement also contains data on pregnancy and smoking, nutrition, seatbelt use, high blood pressure, stress, dental care, and occupational safety and health. The 1990 HPDP supplement also contains data on general health habits, mammography, injury control, child safety and health, cardiovascular diseases, stress, exercise, smoking, and dental care.

**National Health Interview Survey (NHIS), Alcohol Sections—1983 and 1988****Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

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3311 Toledo Road, Room 2217  
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[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

**Availability:**

Data files are available for download from <http://www.icpsr.umich.edu> by searching for NHIS Alcohol Supplement. Data files can be obtained through NCHS's Division of Health Interview Statistics.

**Overview:**

The 1983 and 1988 supplements follow the general scheme of all NHIS yearly surveys. Data on health conditions, current health status, disabilities, and contacts with health practitioners are included. The supplements contain detailed, self-report information on alcohol consumption by beverage type (beer, wine, and liquor), past drinking practices, and a small set of questions on problems related to drinking.

**Survey Design/Methodology:**

The 1983 and 1988 NHIS samples randomly selected one person age 18 or older in each household to respond to the 1983 and 1988 alcohol sections. Blacks were oversampled in 1988.

**Sample Characteristics:**

Alcohol data were collected on 22,418 respondents in 1983 and 43,809 respondents in 1988. Questions in the 1988 alcohol supplement were asked of all appropriate respondents regardless of current drinking status.

**Alcohol Variables:**

Alcohol variables include detailed information on quantity and frequency of alcohol consumption by beverage type, preferred beverage, number of days having consumed 5+/9+ drinks per day, and reasons for reducing consumption or not drinking. Information was also gathered on presence of selected health conditions; self-defined heavy, moderate, and light drinking; social and behavioral consequences of alcohol consumption related to family; job/work; injury; and health. The 1988 instrument included an extensive checklist of social and behavioral consequences of drinking that permitted estimates of alcohol dependence and alcohol abuse using DSM-III-R and ICD-10 definitions.

**Other Variables:**

Sociodemographic variables included sex, age, race, marital status, geographic region, education, income, and employment status. Health variables included acute illness, injuries, disability days associated with acute and chronic conditions, prevalence of selected chronic conditions and impairments, limitation of activity, use of physicians, and use of short-stay hospitals. Data on smoking were collected in 1983.

## National Health Interview Survey (NHIS) Cancer Risk Factor Supplement, Epidemiologic Study—1987

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

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NCHS  
3311 Toledo Road, Room 2217  
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[http://www.cdc.gov/nchs/nhis/about\\_nhis.htm](http://www.cdc.gov/nchs/nhis/about_nhis.htm)

### **Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/09341>. Data files can also be obtained through NCHS's Division of Health Interview Statistics.

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### **Overview:**

Since 1957, NHIS has continuously monitored illness and injury, disability and chronic impairments, and use of health services of people in the United States. In 1987, two supplements were added for two subsamples of NHIS respondents to gather data on cancer control and epidemiology. Self-reported information on the consumption of alcohol was collected in the Epidemiology Study.

### **Survey Design/Methodology:**

This general household survey of the civilian noninstitutionalized U.S. population employed a multistage probability design permitting continuous sampling throughout the year. The sample of households interviewed each week was representative of the target population, and weekly samples were additive over time. There was oversampling of adults in some Hispanic households.

### **Sample Characteristics:**

The 1987 Epidemiologic Study included 22,080 individuals ages 18 and older.

### **Alcohol Variables:**

As part of the section on food frequencies, alcohol questions in the 1987 NHIS included separate quantity–frequency (QF) items on beer, wine, and liquor. The beverage-specific items asked the number of times in the past year each beverage type was consumed, the number of drinks consumed when the respondent drank, and the portion size (small, medium or large) of the drink(s). The final two questions on alcohol asked if there were any period in which the respondent drank 5 or more drinks of alcoholic beverage almost every day and how long the period lasted.

### **Other Variables:**

Other variables included all items within the core questionnaire. Further, additional questions on acculturation, food frequency consumption (more than 60 food categories, including alcohol), smoking habits, other tobacco use, reproduction and hormone use, family history of cancer, cancer survivorship, occupational exposures, and relationships and social activities were included in the supplements.

## National Hospital Ambulatory Medical Care Survey (NHAMCS)—1992–2014, Annually

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

Ambulatory and Hospital Care Statistics Branch  
NCHS  
3311 Toledo Road  
Hyattsville, MD 20782-2064  
(301) 458-4600  
<http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm>

### **Availability:**

Data files are available for download from [http://www.cdc.gov/nchs/ahcd/ahcd\\_questionnaires.htm](http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm).

### **Overview:**

NHAMCS was initiated in late 1991 to fill the gap in coverage left by the National Ambulatory Medical Care Survey (NAMCS), which has collected data on ambulatory patient visits to physician offices since 1973. Part of the ambulatory component of the National Health Care Survey, NHAMCS is designed to gather, analyze, and disseminate information about the utilization and provision of ambulatory care services in hospital emergency and outpatient departments.

### **Survey Design/Methodology:**

NHAMCS uses a national sample of visits to emergency and outpatient departments of noninstitutional general and short-stay hospitals, excluding Federal hospitals, hospital units of institutions, and hospitals with less than six beds from the Verispan L.L.C., specifically “Healthcare Market Index” and “Hospital Market Profiling Solution” (formerly the SMG Hospital Market Database).

The survey uses a four-stage probability design with samples of geographically defined primary sampling units (PSUs), hospitals within PSUs, clinics within hospitals, and patient visits within clinics. The first-stage sample consisted of 112 PSUs that comprised a probability subsample of the PSUs used in the 1985–1994 NHIS. A fixed panel of 600 hospitals was selected for the NHAMCS sample. A total of 550 hospitals had an emergency department (ED) and/or an outpatient department (OPD), and 50 hospitals had neither an ED nor an OPD. From 2010–2012, NHAMCS also gathered data on ambulatory surgery

procedures performed in freestanding ambulatory surgery centers. The entire sample does not participate in a given year. Within each hospital, all outpatient clinics and emergency service areas (ESAs), or a sample of such units, are selected. Within ESAs or outpatient department clinics, patient visits are systematically selected over a randomly assigned 4-week reporting period. The actual visit sampling and data collection for the NHAMCS is primarily performed by hospital staff. The survey switched from paper to an automated laptop-assisted data collection method in 2012.

### **Sample Characteristics:**

The NHAMCS basic sampling unit is the patient visit or encounter. In 2014, the sample included 23,844 Patient Record forms provided by EDs.

### **Alcohol Variables:**

ICD-9-CM diagnosis codes are used to identify alcohol-related morbidity. The emergency department questionnaire asks whether the problem is alcohol related, and in 2014 alcohol abuse was added as a diagnosis. The outpatient questionnaire asks whether alcohol abuse counseling was ordered or provided.

### **Other Variables:**

In addition to demographics, patient information includes expected source of payment, major reason for visit, cause of injury, patient’s complaint and symptoms, physician’s diagnosis, and urgency of visit; services, procedures and medication ordered; referral status; and disposition of visit.

## National Hospital Discharge Survey (NHDS)—1970–2010, Annually

### **Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

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NCHS  
3311 Toledo Road  
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<http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm>

### **Availability:**

Data files are available for download from [http://www.cdc.gov/nchs/nhds/nhds\\_questionnaires.htm](http://www.cdc.gov/nchs/nhds/nhds_questionnaires.htm).

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### **Overview:**

NHDS was conducted continuously by the National Center for Health Statistics (NCHS) from 1965 to 2010. The NHDS annually abstracted both demographic and medical information from the face sheets of the medical records of inpatients selected from a national sample of hospitals. The survey was designed to provide national and regional estimates of hospital utilization by inpatients according to their demographic and medical characteristics, as well as by characteristics of the hospitals, including their geographic location, bed size and type of ownership.

### **Survey Design/Methodology:**

NHDS covered discharges from community short-stay hospitals with an average patient length of stay of fewer than 30 days, general hospitals, or children's general hospitals, exclusive of Federal or military hospitals, Veterans Administration hospitals, and hospitals with fewer than six beds located in the 50 states and the District of Columbia. In 1988, NHDS implemented a stratified, three-stage design in which units selected at the first stage of sampling consisted of either hospitals or geographic areas (i.e., 112 primary sampling units [PSUs] from the 1985–1994 National Health Interview Survey sample). Hospitals within PSUs were then selected at the second stage. Strata at this stage were defined by geographic region, PSU size, abstracting service status, and hospital specialty-size groups. Within these strata, hospitals were selected with probabilities proportional to their annual number of discharges. At the final stage, a sample of

discharges was selected by a systematic random sampling technique.

### **Sample Characteristics:**

NHDS collected data from a sample of approximately 270,000 inpatient records acquired from a national sample of about 500 hospitals annually. Due to funding limitations, the sample of hospitals was reduced by half beginning in 2008. In 2010, the sample consisted of 239 hospitals. Of the 236 eligible hospitals, 203 hospitals responded to the survey. There were an estimated 35.1 million discharges of inpatients in 2010, based on 137,459 inpatient records (excluding newborn infants) from non-Federal, short-stay hospitals in the United States.

### **Alcohol Variables:**

NHDS diagnostic codes included those for alcohol-related morbidity (i.e., alcohol psychosis, alcohol dependence syndrome, cirrhosis of the liver, and nondependent abuse of alcohol). ICD-9-CM codes were used.

### **Other Variables:**

Each discharge record included the patient's demographic characteristics (sex, age, race, and marital status) and hospital characteristics (geographic region, ownership type and number of beds). Medical information included disease/injury diagnoses (up to seven per record), procedures performed (up to four per record), and discharge status (dead or alive). Two additional items were included in the 2001 survey Medical Abstract Form. These were type of admission and source of admission.

## National Household Survey on Drug Abuse (NHSDA)—1971, 1972, 1974–1975, 1975–1976, 1977, 1979, 1982, 1985, 1988, and 1990–1998, Annually

### **Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

### **Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260

### **Availability:**

Data files for the years 1979, 1982, 1985, 1988, and 1990–1998 are available for download from <https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/64>. Online data analysis is also available on the SAMHDA website (<https://www.datafiles.samhsa.gov/>).

### **Overview:**

NHSDA objectives were (1) to measure prevalence, patterns and consequences of use and abuse of alcohol, tobacco, marijuana, and other illicit drugs; (2) to determine attitudes and risk awareness concerning their use; and (3) to assess nonmedical use of licit psychoactive drugs and use of selected substances in combination. The survey collected data from the U.S. civilian, noninstitutionalized population, ages 12 and older, through face-to-face interviews at the respondent's place of residence. In 1994, an additional questionnaire on access to care and mental health was introduced.

The NHSDA underwent a major redesign in 1999; significant changes were made to the survey size, sample design, and mode of administration. See page 50 for a description of the redesigned version that was fielded in 1999 and subsequent years. (In 2002, the survey was renamed the National Survey on Drug Use and Health [NSDUH].)

### **Survey Design/Methodology:**

NHSDA uses a national multistage area probability sample design. Before 1991, the sample was drawn from the household population in the conterminous United States. Alaska and Hawaii were added to the sample population in 1991, as were residents of noninstitutional group quarters and persons with no permanent residence. The survey target population includes civilian persons living in households and certain group quarters (e.g., college dormitories, homeless shelters, and on military installations). Military personnel on active duty and most transient populations, such as homeless people not residing in shelters, are not included. Oversampling of special groups varies by year. Since 1985, Blacks and Hispanics have been oversampled to increase reliability of estimates for these groups.

### **Sample Characteristics:**

NHSDA sample sizes vary by year. The sample size during 1991–1998 ranged from 17,747 (1995) to 32,594 (1991). The total respondents for 1998 were 25,500. Sample weights were provided to permit national level estimation.

### **Alcohol Variables:**

NHSDA collected alcohol consumption information, including age at first use; most recent, lifetime, annual, and past-month use; beverage type usually consumed; number of days in the past month and past year on which respondent drank; number of drinks on days when respondent drank in the past month; and number of days the respondent had 5 or more drinks in the past month. DSM-III-R (1991 and 1993) and DSM-IV (1994–1998) items assess alcohol dependence. Related variables included marijuana, cocaine (and crack), hallucinogens, heroin, inhalants, tobacco, and nonmedical use of prescription drugs; use of drugs in combination; beliefs concerning risk of various levels of use; symptoms of dependence for other substances; general health; and utilization of substance abuse treatment.

### **Other Variables:**

NHSDA demographics included age, sex, race, region, neighborhood type, education, occupation, family income, marital status, and number and ages of children. NHSDA also covered mental health, substance abuse treatment history and perceived need for treatment, personal and family income sources and amounts, health care access and coverage, illegal activities and arrest record, problems due to drug use, and needle sharing. NHSDA respondents ages 12 to 17 were asked for data concerning substance use and related behaviors, such as exposure to substance abuse prevention and education programs, gang involvement, relationship with parents, and substance use by friends.

**National Household Survey on Drug Abuse (NHSDA)—1999–2001, renamed National Survey on Drug Use and Health (NSDUH)—2002–2015, Annually**

**Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

**Contact:**

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SAMHSA  
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Rockville, MD 20857-2003  
(240) 276-1250 or fax (240) 276-1260  
<https://www.samhsa.gov/data/population-data-nsduh>

**Availability:**

Data files are available for download from <https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/64>. Online data analysis is also available on the website.

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**Overview:**

NHSDA objectives are (1) to measure prevalence, patterns, and consequences of use and abuse of alcohol, tobacco, marijuana, and other illicit drugs; (2) to determine attitudes and risk awareness concerning their use; and (3) to assess nonmedical use of licit psychoactive drugs and use of selected substances in combination. The survey collects data from the U.S. civilian, noninstitutionalized population, ages 12 and older, through face-to-face interviews at the respondent's place of residence. In 1994, an additional questionnaire on access to care and mental health was introduced.

The NHSDA underwent a major redesign in 1999; significant changes were made to the size of the survey, the sample design, and the method of administration. The sample design was changed from a strictly national design to a state-based sampling plan, supporting both national and state-level estimates. A new, interactive, bilingual, computer-assisted interview (CAI) replaced the paper-and-pencil questionnaires used previously. A key feature of the NHSDA CAI instrument is a core/supplement structure. In addition, to elicit more honest responses to sensitive questions, an audio computer-assisted self-interview (ACASI) substituted for auxiliary self-administered answer sheets used before 1999. In 2002, the survey was renamed the National Survey on Drug Use and Health (NSDUH).

**Survey Design/Methodology:**

NSDUH uses a multistage area probability sample of households and group quarters for each of the 50 states and the District of Columbia. The survey target population includes civilian persons

living in households and certain noninstitutional group quarters (e.g., college dormitories, homeless shelters, and on military installations). Military personnel on active duty and most transient populations, such as homeless people not residing in shelters, are not included. The redesign of NHSDA beginning in 1999 oversamples youths (ages 12 to 17) and young adults (ages 18 to 25); there is no need to oversample race/ethnicity groups as in the past because of the large sample size. Further improvements in data collection quality control were institutionalized in 2002, which may have resulted in higher self-reported substance use by respondents. The 2015 NSDUH redesign led to a trend break between 2014 and 2015 in which some estimates are not comparable to previous years.

**Sample Characteristics:**

The sample sizes of public use data since 1999 are: 53,560 (1999), 58,680 (2000), 55,561 (2001), 54,079 (2002), 55,230 (2003), 55,602 (2004), 55,905 (2005), 55,279 (2006), 55,435 (2007), 55,739 (2008), 55,772 (2009), 57,873 (2010), 58,397 (2011), 55,268 (2012), 55,160 (2013), 55,271 (2014), and 57,146 (2015). Sample weights are provided to permit national-level estimates.

**Alcohol Variables:**

NSDUH collects alcohol consumption information, including age at first use; most recent, lifetime, annual, and past-month use; number of days in the past month and past year on which respondents drank; number of drinks on days when respondents drank in the past month; and number of days respondents had 5 or more drinks in the past month. The threshold for binge alcohol

use for females was lowered to 4 or more drinks on an occasion for the 2015 NSDUH. Thus, binge and heavy alcohol use among females are not comparable between 2015 and earlier years.

Starting in 1999, the survey questions allow for the collection of year and month of first use for recent initiates; the operationalization of past-year DSM-IV alcohol abuse and dependence symptoms, criteria, and diagnosis; and the surveillance of other alcohol problems and treatment utilization for drinking. Starting in 2006, the survey incorporated a new consumption of alcohol module that collected additional information about respondents' last use of alcohol for those who indicated that they had consumed alcohol at least once in the past month. The module included some items that were administered only to persons ages 12 to 20. Among the items in the new module were two related to binge drinking among females based on consumption of 4 or more drinks on an occasion. Other items in the consumption of alcohol module included the source of alcohol, location, and social context of the last drinking episode among past-month alcohol users ages 12 to 20; the number of drinks consumed on the last drinking occasion; and the use of illicit drugs in combination with alcohol or within 2 hours of consuming alcohol on the last drinking occasion. Related variables

include usage of marijuana, cocaine (and crack), hallucinogens, heroin, inhalants, tobacco, and nonmedical use of prescription drugs; beliefs concerning risk of various levels of use; symptoms of substance abuse and dependence; overall health; and utilization of substance abuse treatment.

**Other Variables:**

NSDUH demographics include age, sex, race, education, occupation, and marital status.

NSDUH also covers mental health, substance abuse treatment history and perceived need for treatment, personal and family income sources and amounts, health care access and coverage, illegal activities and arrest record, problems resulting from the use of drugs, and needle sharing.

NSDUH respondents ages 12 to 17 are asked for data concerning neighborhood environment, illegal activities, gang involvement, drug use by friends, social support, extracurricular activities, exposure to substance abuse prevention and education programs, perceived adult attitudes toward drug use and activities such as school work, perceived risk of using drugs, perceived availability of drugs, driving behavior, and personal behavior.

## National Survey of Alcohol, Drug, and Mental Health Problems [Healthcare for Communities] (HCC)—1997–1998 and 2000–2001

**Sponsoring Agency:**

Robert Wood Johnson Foundation

**Contact:**

UCLA Health Services Research Center  
10920 Wilshire Blvd., Suite 300  
Los Angeles, CA 90095  
(310) 794-3725 or fax (310) 794-3724

**Availability:**

Data are disseminated by ICPSR to eligible researchers. See <http://www.icpsr.umich.edu/icpsrweb/content/HMCA/CTSform/HCC/intro.html> for information on the eligibility and application for use of the data.

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**Overview:**

HCC is a component of the Robert Wood Johnson Foundation's Health Tracking Initiative, designed to monitor changes within the health care system and their effects. The overall objective of HCC is to collect information about: (1) variations in public policies and market forces regarding alcohol, drugs, and mental health (ADM) care; (2) the organization and financing of ADM services delivery at the community level; and (3) individual access, use of services, costs of services, and quality of care for ADM conditions as well as outcomes in terms of health, functioning, and satisfaction.

**Survey Design/Methodology:**

The design of HCC1 1997–1998 and HCC2 2000–2001 is closely tied to the household survey component of the Community Tracking Study (CTS) which is a longitudinal study, with the first two waves, CTS1 1996–1998 and CTS2 1998–2000. CTS surveyed households from an unclustered national sample and from a clustered site sample of 60 randomly selected sites (51 metropolitan and 9 nonmetropolitan areas). In each selected household, all adults and one randomly selected child were interviewed. HCC selected a stratified random sample of individuals from the CTS adult household sample. The response rates for HCC1 and HCC2 were 64% and 60.5%, respectively.

**Sample Characteristics:**

HCC1 reinterviewed a sample of 9,585 adult respondents from CTS1. HCC2 reinterviewed 6,659 respondents from HCC1 and a cross-sectional sample of 5,499 adult respondents from

CTS2. Respondents who were poor, who had used specialty mental health services in the preceding year, and who had reported high psychological distress were oversampled. In addition, HCC2 oversampled individuals who reported that they had seen a doctor or other healthcare professional for alcohol-related problems in the past 2 years.

**Alcohol Variables:**

The survey uses the World Health Organization's Alcohol Use Disorders Identification Test (AUDIT), containing 10 questions in reference to drinking in the past 12 months. Three questions on alcohol consumption pertain to frequency of drinking, number of drinks consumed on a typical day when drinking, and frequency of 6 or more drinks per occasion. Seven questions on problem drinking, dependence, and related consequences include being unable to stop drinking, failed to do what was normally expected, needed a first drink in the morning, had a feeling of guilt, unable to remember what happened, had been injured as a result of drinking, and had been suggested to cut down drinking.

**Other Variables:**

Other topics covered by the questionnaire include (1) demographics, (2) health and daily activities, (3) mental health, (4) other illicit drug use, (5) use of medications, (6) health insurance coverage including coverage for mental health, substance abuse, and prescription medications, (7) access, utilization, and quality of behavioral health care, (8) labor market status, income, and wealth, and (9) life difficulties.

## National Survey of Drinking and Driving Attitudes and Behavior—1991, 1993, 1995, 1997, 1999, 2001, 2004, and 2008

### **Sponsoring Agency:**

National Highway and Traffic Safety Administration (NHTSA), U.S. Department of Transportation

### **Contact:**

Alan Block  
Office of Behavioral Safety Research  
NHTSA  
1200 New Jersey Avenue, SE, West Building  
Washington, DC 20590  
202-366-6401

[Alan.Block@dot.gov](mailto:Alan.Block@dot.gov)

<https://www.nhtsa.gov/research-data>

### **Availability:**

For information on data access, please contact Mr. Block.

### **Overview:**

The National Survey of Drinking and Driving Attitudes and Behaviors has been conducted by NHTSA periodically since 1991. The survey is designed to measure the scope of the drinking and driving problem and to guide efforts to reduce the severity of the problem. The survey measures the status of attitudes, knowledge, and behavior of the general driving-age public about drinking and driving. Survey topics include frequency of drinking and driving, prevention and intervention, riding with impaired drivers, designated drivers, perceptions of penalties and enforcement, knowledge of BAC levels, and alcohol-impaired crashes.

### **Survey Design/Methodology:**

The surveys were conducted by telephone using a stratified Casady-Lepkowski Random Digit Dialing design. Only noninstitutionalized persons in households with telephones were surveyed. Nondrivers were surveyed as well as drivers. The survey was conducted in English or Spanish. In 1999 changes in sampling design were implemented to allow for state-level estimates.

### **Sample Characteristics:**

The survey uses a nationally representative sample of the general driving-age public (ages 16 and older) selected by a multistage sampling procedure. A requirement for a minimum of 100 completed interviews in each state and the District of Columbia was added in 1999. The final record count includes:

<u>Year</u>	<u>Number of Records</u>
1991	2,406
1993	4,010
1995	4,008
1997	4,066
1999	5,127
2001	6,002
2004	6,049
2008	6,999

### **Alcohol Variables:**

All versions of the drinking and driving survey include alcohol consumption items on frequency and usual quantity of alcohol consumption and beverage preferences. The 1993–1997 versions include graduated frequency items asking how often (1–2, 3–4, or 5+ times) drinks were consumed. The 1999 version has graduated frequency items asking how often (1+, 2+, 3+, 5+, and 8+) drinks were consumed. Beginning in 1993, all surveys have also included the CAGE questionnaire that screens for alcohol problems. Drinking and driving variables include the following: frequency of drinking and driving, frequency of driving while intoxicated, number of DWI convictions, frequency of riding with an impaired driver, support for taking action to reduce the problem, opinions about current enforcement and penalties, expectations of consequences, intervention behavior, and efforts by hosts to prevent guests from drinking and driving. Knowledge of BAC limits was added in 1995.

### **Other Variables:**

Demographic variables include age, sex, race, income, education, employment status, and marital status.

## National Survey of Family Growth (NSFG)—1973, 1976, 1982, 1988, 1995, 2002, 2006–2010, 2011–2013, 2013–2015

**Sponsoring Agency:**

National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

**Contact:**

Reproductive Statistics Branch  
Division of Vital Statistics  
NCHS

3311 Toledo Road  
Hyattsville, MD 20782-2003  
(301) 458-4222

[nsfg@cdc.gov](mailto:nsfg@cdc.gov)

[https://www.cdc.gov/nchs/nsfg/about\\_nsfg.htm](https://www.cdc.gov/nchs/nsfg/about_nsfg.htm)

**Availability:**

Public use data are available for download from [https://www.cdc.gov/nchs/nsfg/nsfg\\_questionnaires.htm](https://www.cdc.gov/nchs/nsfg/nsfg_questionnaires.htm).

Information on access to restricted data can be found at

<https://www.cdc.gov/rdc/leftbrch/UseRestrictd.htm>.

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**Overview:**

NSFG collects information on family life, marriage, divorce, pregnancy, infertility, use of contraception, and general and reproductive health. NSFG was first designed to be nationally representative of women 15–44 years of age in the civilian, noninstitutionalized population of the United States. Later changes added an independent sample of men in 2002 and expanded the age range to 15–49 years in 2015. NSFG can be used to provide reliable national trend data on substance use and pregnancy, such as smoking and alcohol use in pregnancy, and estimate the number and characteristics of women in the United States at risk for an alcohol-exposed pregnancy.

**Survey Design/Methodology:**

The first five cycles of the NSFG surveys were conducted in 1973, 1976, 1982, 1988, and 1995, and were based on personal interviews conducted in the homes of a national sample of women 15–44 years of age in the civilian noninstitutionalized population of the United States. Starting in 2006, the NSFG shifted from a periodic survey to continuous interviewing. Interviews are done 48 weeks of every year for 4 years. The interviews are conducted by female interviewers trained specifically for the NSFG, using laptop computers (computer-assisted personal interviewing [CAPI]). The survey consists of three different files: the Female Respondent file contains one record for each of the women interviewed; the Female Pregnancy (Interval) file contains one record for each of the pregnancies reported by female respondents (pregnancy records

are based on both completed pregnancies [those that have reached an outcome such as live birth, stillbirth, ectopic, miscarriage, or induced abortion] and current pregnancies [ongoing at time of interview]); and the Male Respondent file contains one record for each of the men interviewed. Individual-level variables that could not be included on the public use NSFG files, or could not be included in their original form, are available to the research community through the NCHS Research Data Center (RDC).

**Sample Characteristics:**

The NSFG samples men and women ages 15–44, and oversamples Hispanics, Blacks, and teens. The 2013–2015 survey interviewed 10,205 participants.

**Alcohol Variables:**

Alcohol variables include the amount and frequency of alcohol consumption, measured in the past 12 months. In the 2011–2013 survey, five new variables were added to assess alcohol consumption involving drinking over the past 30 days and binge drinking (defined as 4+ drinks on one occasion for females, and 5+ drinks for males). Females were asked if they believed alcohol consumption contributed to breast cancer. Participants were also asked if they were given alcohol during nonvoluntary sex.

**Other Variables:**

This survey can answer questions on factors affecting pregnancy, including sexual activity, contraceptive use, and infertility; factors affecting

marriage, divorce, cohabitation, and family building; and attitudes about sex, childbearing,

and marriage, etc.

**National Survey of Substance Abuse Treatment Services (N-SSATS)—2000, 2002–2015, Annually, formerly known as Uniform Facility Data Set (UFDS)—1995–1998, Annually, and the National Drug and Alcoholism Treatment Unit Survey (NDATUS)—1974, 1979, 1980, 1982, 1984, 1987, and 1989–1994, Annually**

**Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

**Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260  
<http://www.dasis.samhsa.gov/dasis2/nssats.htm>

**Availability:**

N-SSATS data files are available for download from <https://www.dasis.samhsa.gov/dasis2/nssats.htm> and <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/58/studies?archive=ICPSR&sortBy=7>.

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**Overview:**

N-SSATS is one of the three components of SAMHSA's Behavioral Health Services Information System (BHSIS—formerly the Drug and Alcohol Services Information System DASIS). The N-SSATS is a national survey designed to collect data on the location, characteristics, and use of substance abuse treatment facilities and services throughout the United States, the District of Columbia, and other U.S. jurisdictions. Launched in the 1970s, the survey is used to assist state and local governments in determining the nature and extent of alcohol and drug treatment services, provided public, private, state-supported, and other treatment facilities. The survey also serves to help assess treatment resource needs; analyze and compare general treatment services on the national, regional, and state level; generate the *National Directory of Drug and Alcohol Abuse Treatment Programs*; and provide updated information for SAMHSA's Inventory of Behavioral Health Services (I-BHS—formerly the Inventory of Substance Abuse Treatment Services [I-SATS]) and the Behavioral Health Treatment Facility Locator database. The survey has been formerly known as Uniform Facility Data Set (UFDS) (1995–1998) and the National Drug and Alcoholism Treatment Unit Survey (NDATUS) (1974–1994). An abbreviated survey was conducted in 1999 during the transition year for the redesign and used an abbreviated telephone survey.

**Survey Design/Methodology:**

N-SSATS is a point-prevalence census and collects data from all active treatment facilities including those on SAMHSA's I-BHS and those added by state substance abuse agencies. Three data collection modes are employed: (1) a secure web-based questionnaire, (2) a paper questionnaire sent by mail, and (3) a telephone interview. The survey contains approximately 42 numbered questions for the facilities to answer and submit.

**Sample Characteristics:**

A total of 13,873 providers responded to the survey in 2015. Facilities treating incarcerated persons only were identified and excluded in 2004.

**Alcohol Variables:**

Data are collected in three categories: drug, alcohol, and combined treatment services. This is a survey of facilities rather than patients, so alcohol and/or drug questions per se are not asked. Data collected include unit orientation, types of alcohol/drug services offered, treatment modality and status, client characteristics, capacity and utilization on the point prevalence date, and payment source and fees charged. In the 2015 survey, 40 percent of the clients were in treatment for both alcohol and drug abuse and 15 percent were treated for alcohol only.

**Other Variables:**

Other variables include unit identification—location, type of environment, ownership, types of programs and additional services provided, funding levels and sources, fees charged, hours of

operation, and treatment capacity and utilization on the point prevalence date according to age,

race/ethnicity, and sex by type of care by modality.

## National Treatment Improvement Evaluation Study (NTIES)—1990–1991 and 1992–1997

**Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

**Contact:**

Center for Substance Abuse Treatment  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
1-877-726-4727

**Availability:**

Data for 1992–1997 are available for download from <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/2884>.

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**Overview:**

NTIES was a congressionally mandated 5-year study evaluating the impact of drug and alcohol treatment on thousands of clients in hundreds of treatment units that received funding from the Office for Treatment Improvement (OTI), Center for Substance Abuse Treatment (CSAT), under one of three demonstration grants: Target Cities, Critical Populations, or Criminal Justice. NTIES investigated which improvements were made with the funding, and how many and what type of clients were affected by the grant awards.

**Survey Design/Methodology:**

NTIES used a two-level study design. The first level obtained service delivery unit (SDU) administrative and clinician (SDU staff) data on orientation, size, budget, staffing distribution, and specific use of CSAT funds. Data collection was done by self-administered mail-in procedures, telephone, and fax, at two time points 1 year apart. Selection criteria included treatment modality, OTI Demonstration Program, and geographic distribution. The second level used a “pre/post” panel design and collected clinical-outcome data through interviews from clients enrolled in eligible units at three time points (shortly after their first day of treatment, when they left treatment, and then at approximately 12 months after the end of treatment). To corroborate

client reports of substance abuse, urine specimens were collected on approximately 50 percent of those interviewed.

**Sample Characteristics:**

A total of 369 facilities completed both the first wave survey and the follow-up. A total of 4,411 individuals from 71 SDUs participated in all three interviews.

**Alcohol Variables:**

NTIES includes data on alcohol use treatment history, reasons for going to treatment, perceived treatment barriers, drug use, drug spending, and needle use.

**Other Variables:**

Other variables include sex, age, race, reason(s) for being incarcerated, education, living arrangements, and criminal justice involvement. Substances other than alcohol include analgesics, antianxiety medications, anticonvulsants, antidepressants, antimanic drugs, barbiturates, cocaine (powder and crack), depressants, hallucinogens/psychedelics, heroin and other opiates, illegal methadone, inhalants, marijuana/hashish, methadone, methamphetamine/amphetamine and other stimulants, narcotics, and sedatives.

## Panel Study of Income Dynamics (PSID)—1968–1996, Annually, 1997–2015, Biennially

### **Sponsoring Agency:**

National Science Foundation

### **Contact:**

Survey Research Center  
University of Michigan  
P.O. Box 1248  
Ann Arbor, MI 48106-1248  
[psidhelp@umich.edu](mailto:psidhelp@umich.edu)  
[https://psidonline.isr.umich.edu/Guide/Contact\\_Us.aspx](https://psidonline.isr.umich.edu/Guide/Contact_Us.aspx)

### **Availability:**

Public use data are available for download from <http://simba.isr.umich.edu/data/data.aspx>. Information on obtaining access to restricted data can be viewed at <http://simba.isr.umich.edu/restricted/ProcessReq.aspx>.

### **Overview:**

PSID is designed to study the dynamics of income and poverty over the life course of families. PSID is the longest-running longitudinal household survey and collects information on employment, income, wealth, expenditures, health, marriage, childbearing, child development, philanthropy, education, etc. PSID is the only data set to provide information on life course and multigenerational economic conditions, well-being, and health in a long-term panel representative of the full U.S. population.

### **Survey Design/Methodology:**

From 1968 to 1972, over 95% of the interviews were conducted face-to-face; since 1993, the survey has been administered using a computer-assisted telephone interview (CATI). PSID has released the main interview data in five different data files: Family file, Cross-year individual file, Birth history file, Marriage history, and Parent identification. In addition to the main survey, multiple supplemental surveys were created including the Child Development Supplement and Transition into Adulthood Supplement, Childhood Retrospective Circumstances Study, Disability and Use of Time, and Wellbeing and Daily Life Supplement.

### **Sample Characteristics:**

PSID's "sample persons" includes all persons living in the selected families in 1968 plus anyone subsequently born to or adopted by a sample person. All sample persons are followed even after leaving to establish separate family units (FUs).

This procedure replicates the population's family-building activity and produces a dynamic sample of families each year. PSID families also include "nonsample persons." The most common example is people who, after 1968, marry sample persons. Information on nonsample persons is collected while they are living in the same FU as a sample person. Post-1968 immigrant families were added in 1997 to update the PSID by adding a representative sample of recent immigrants to the United States; this sample is called the 1997 PSID Immigrant Refresher Sample. More than 75,000 people have participated in PSID, and as many as six generations within sample families are represented. In 2015, 9,048 families were interviewed, totaling 24,637 individuals.

### **Alcohol Variables:**

Variables in the main survey include the frequency and amount of alcohol consumed in the last month and year, presence of an alcohol disorder, and whether or not the participant drank alcohol during pregnancy.

### **Other Variables:**

Variables include health status, onset of health conditions, health behaviors such as smoking, and exercise, BMI, health insurance, and expenditures. Information about mental health was collected starting in 2001. A health history calendar was implemented starting in 2007 to collect information on early childhood health conditions, including age of onset and duration.

## Services Research Outcomes Study (SROS)—1995–1996

**Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

**Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260

**Availability:**

Data files are available for download from <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/2691>.

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**Overview:**

SROS is a follow-up to the 1990 Drug Services Research Survey (DSRS). SROS was designed to provide a 1990 cohort of clients in treatment to use as a baseline to measure treatment outcomes following increased treatment funding in the 1990s. It also provided a measure of sustained improvements in abstinence 5 years after treatment and a view of multiple treatment episodes. SROS is based on a national probability sample of treatment programs and clients. Client behavior was compared in the 5 years before treatment with the 5 years after treatment.

**Survey Design/Methodology:**

SROS was a 5-year post-discharge follow-up survey. It selected drug clients from a stratified probability sample of 120 treatment programs that participated in Phase II of DSRS. Program types included hospital inpatient, residential, outpatient methadone, and outpatient nonmethadone. Field interviews were completed with 1,799 (59%) of the patient sample roughly 5 years after discharge. Approximately 273 (9%) of the sampled patients were deceased. Interviews were supplemented by a urine drug test for willing participants. About 80% of those interviewed agreed to the urine testing.

**Sample Characteristics:**

A total of 3,047 patients were selected for the study. Two client samples were used: (1) the 1,706 clients discharged from 99 Phase II DSRS facilities in the 12 months ending August 31, 1990; and (2) a supplemental sample of 1,341 clients discharged in the same time frame from the 99 facilities. Client data records were abstracted on 2,222 individuals. Client follow-up interviews were conducted on 1,799 patients 5 years after their discharge.

**Alcohol Variables:**

Alcohol use before the 1989–1990 treatment episode and 5 years post-treatment is recorded. Patterns of alcohol and drug consumption are measured. Treatment variables include duration and completion of treatment, modality, relationship with treatment counselors, treatment revenue, and further treatment episodes.

**Other Variables:**

SROS includes client information on ethnicity, education, child custody history, criminal behavior, employment, general health status, living arrangements, and social support. Facility data includes type and cost of treatment services.

## Treatment Episode Data Set (TEDS)—1992–2015, Annually

### **Sponsoring Agency:**

Substance Abuse and Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services

### **Contact:**

Center for Behavioral Health Statistics and Quality  
SAMHSA  
5600 Fishers Lane  
Rockville, MD 20857  
(240) 276-1250 or fax (240) 276-1260  
<http://www.dasis.samhsa.gov/dasis2/teds.htm>

### **Availability:**

Select data files are available for download from <https://www.dasis.samhsa.gov/dasis2/teds.htm>. Data on admissions can be downloaded from <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/56> and data on discharges can be downloaded from <https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/238>.

### **Overview:**

TEDS is one of the three components of SAMHSA's Behavioral Health Services Information System (BHSIS—formerly the Drug and Alcohol Services Information System [DASIS]). TEDS is comprised of two components: (1) the Admissions Data System (TEDS-A; data first reported in 1992), and (2) the Discharge Data System (TEDS-D; data first reported in 2000). TEDS collects information on the demographic, substance use, mental health, clinical, legal, and socioeconomic characteristics of persons who are receiving publicly funded substance abuse and/or mental health services. The survey supports SAMHSA's initiative to build a national behavioral health dataset accessible to the public; local, state, and federal policymakers; researchers; and others for examining comparisons and trends on the characteristics of persons receiving substance abuse and/or mental health treatment services.

### **Survey Design/Methodology:**

TEDS collects data on the number and characteristics of admissions to and discharges from state-administered public and private nonprofit substance abuse treatment programs in all 50 states, the District of Columbia, and Puerto Rico. State administrative data systems, claims, and encounter data are the primary data sources. TEDS provides a reporting framework for states to report treatment admissions and discharges of persons receiving services. State representatives extract data from their states' system(s) to report to TEDS and, if needed, convert state data elements to TEDS data definitions. Because

significant differences exist among state data collection systems, state-to-state comparisons must be made with caution. TEDS includes a required Minimum Data Set and an optional Supplemental Data Set.

### **Sample Characteristics:**

TEDS collects data from the states on admissions and discharges ages 12 and older. TEDS records represent admissions and discharges rather than individuals, as a person may be admitted to or discharged from treatment more than once. TEDS does not include all admissions to and discharges from substance abuse treatment, but includes admissions to and discharges from facilities that are licensed or certified by a state substance abuse agency to provide substance abuse treatment. In general, facilities reporting to TEDS are those that receive state funds for the provision of treatment services. Therefore, TEDS does not represent the total national demand for substance abuse treatment. The TEDS system includes records for approximately 1.5 million substance abuse treatment admissions annually.

### **Alcohol Variables:**

Patient alcohol use history, including frequency and age at first use, is collected along with clinical and treatment data such as service setting, number of prior treatments, referral data, diagnosis codes, and payment sources. In 2014, alcohol was the primary substance of abuse for 36% of all TEDS admissions.

### **Other Variables:**

Other variables include patient demographics and other drug use history.

## Vital Statistics Mortality Data, Mortality Detail (MD) and Multiple Cause of Death (MCA)—1968–2015, Annually

**Sponsoring Agency:**

National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services

**Contact:**

Mortality Statistics Branch  
Division of Vital Statistics  
NCHS  
3311 Toledo Road  
Hyattsville, MD 20782  
1-800-232-4636

<http://www.cdc.gov/nchs/deaths.htm>

**Data Availability:**

Multiple Cause of Death public use data files are available at [http://www.cdc.gov/nchs/data\\_access/Vitalstatsonline.htm#Mortality\\_Multiple](http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm#Mortality_Multiple). Online analysis of the Mortality Detail data for 1999–2015 is available at <http://wonder.cdc.gov/ucd-icd10.html>. Information on obtaining restricted data can be found here: [https://www.cdc.gov/nchs/nvss/dvs\\_data\\_release.htm](https://www.cdc.gov/nchs/nvss/dvs_data_release.htm).

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**Overview:**

The mortality data files contain information (e.g., demographic, cause of death, autopsy, etc.) from death certificates of all deaths occurring each year in the United States. Using an ICD coding system, the Mortality Detail (MD) records only the underlying cause of death, while Multiple Cause of Death (MCD) records the underlying cause and up to 20 contributing causes. Mortality trend data are comparable with data from many other countries as well as health-related data for small geographic areas in the U.S.

**Survey Design/Methodology:**

Data are collected from death certificates of 100 percent of reported deaths occurring in the United States each year (except for 1972, 1981, and 1982).

**Sample Characteristics:**

The total number of deaths varies from year to year. In 2014, about 2.6 million deaths occurred in the United States. Deaths of nonresidents are excluded.

**Alcohol Variables:**

Some categories in the ICD are believed to be completely or nearly completely alcohol related

(i.e., alcohol psychosis, alcohol dependence syndrome, nondependent alcohol abuse, and liver cirrhosis). These may be listed in records as underlying cause of death or as contributing cause of death (MCD only). In addition, research shows that other causes of death (e.g., suicide, homicide, motor vehicle crashes) often result from alcohol abuse in a different proportion of the cases. Using estimated fractions of alcohol's contribution to various causes of death, estimates can be derived on overall alcohol-related mortality.

**Other Variables:**

Demographic characteristics include sex, age, race and Hispanic origin, educational attainment, marital status, and residence. Death information includes direct underlying cause of death, contributing cause(s) of death (MCD only), autopsy findings, and date and place of death. Variables on county and actual date of death are restricted for reasons of confidentiality. Users must obtain special permission from NCHS to obtain these variables.

## **Section 2:**

# **Special Population Data Sets**



## Arrestee Drug Abuse Monitoring (ADAM I)—2000–2003; (ADAM II)—2007–2013, Annually

### **Sponsoring Agency:**

Office of National Drug Control Policy (ONDCP), Executive Office of the President

### **Contact:**

Abt Associates Inc.  
55 Wheeler Street  
Cambridge, MA 02138  
(617) 492-7100

<http://www.abtassociates.com/Projects/2016/Monitoring-the-Use-of-Illegal-Drugs-for-Law-Enforc.aspx>

### **Availability:**

To access the restricted data, researchers must agree to the terms and conditions of a Restricted Data Use Agreement in accordance with existing Inter-university Consortium for Political and Social Research (ICPSR) servicing policies. To obtain information on how to access data, visit <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/00110/studies?archive=ICPSR&sortBy=7>.

### **Overview:**

The original ADAM program was first introduced in 2000 under the sponsorship of the National Institute of Justice (NIJ). The original 35 counties in ADAM (2000–2003) were selected through a competitive grant process. In 2007, ONDCP reinstated the program as ADAM II and selected 10 counties from the original 35 based on geographic distribution to represent different regional drug use and adequacy of prior data. In 2012, ADAM II limited collection to 5 of the 10 counties. The retention of 5 sites was based on case production and response rates, cost efficiency, and geographic representation of drug use patterns. These sites represent the counties in which collection occurs through probability sampling of facilities and arrestees within those counties, but they cannot be used to generalize to national estimates. All instrumentation, sampling, and data collection protocols used in ADAM I have been replicated in ADAM II, permitting trend analysis from 2000 to 2013.

### **Survey Design/Methodology:**

There are two levels of sampling: (1) sampling from the total number of facilities that book adult male arrestees in each county, and (2) sampling from the total number of adult male arrestees booked in a county. The sample is probability based and designed to represent adult male arrestees booked within 48 hours of arrest in the ADAM counties.

Data collection consists of (1) collection of booking information from official records, (2) a voluntary 20- to 25-minute face-to-face interview in the booking area of each facility, and (3) collection of a urine specimen. Respondents can complete the

interview without providing a urine sample, but they may not give a urine sample without completing the interview.

### **Sample Characteristics:**

The 10 ADAM II (2007–2011) sites are: Atlanta, GA (Fulton County); Charlotte, NC (Mecklenburg County); Chicago, IL (Cook County); Denver, CO (Denver County); Indianapolis, IN (Marion County); Minneapolis, MN (Hennepin County); New York, NY (Borough of Manhattan); Portland, OR (Multnomah County); Sacramento, CA (Sacramento County); and Washington, DC (District of Columbia). In 2012, 5 sites continued: Atlanta, Chicago, Denver, New York, and Sacramento. A total of 1,938 interviews were conducted and 1,736 urine specimens collected, weighted to represent over 14,000 adult male arrestees.

### **Alcohol Variables:**

Alcohol variables include the frequency of alcohol consumption and binge drinking (defined as 5 or more drinks on the same day), measured in the past 12 months and 30 days, and the purchasing of alcohol in the past 30 days. Additional alcohol variables include use of alcohol to relieve sadness, neglect of responsibility due to alcohol use, and objection of alcohol use from others. It was also reported if the first and second offenses involved possession of alcohol.

### **Other Variables:**

Arrest information includes arrest date, time, location ZIP Code, three most serious charges and offense severity levels, and arrest and

incarceration history. Sociodemographic variables include age, race/ethnicity, U.S. citizenship, education, employment, health insurance, marital status, and residency. Drug information includes urine drug test results; prior 3, 7, and 30 days use; prior 12 months use by month; lifetime use; age at first use; method of obtaining drug; and drug and

mental health treatment experience. Urine samples were tested in a central laboratory for the presence of 10 drugs: marijuana, cocaine, opiates, amphetamine/methamphetamine, barbiturates, benzodiazepines, propoxyphene, PCP, methadone, and oxycodone.

**CIRP Freshman Survey (TFS)—1966–2015, Annually****Sponsoring Agency:**

Higher Education Research Institute

**Contact:**

Higher Education Research Institute  
3005 Moore Hall, Box 951521  
Los Angeles, CA 90095-1521  
(310) 825-1925

[heri@ucla.edu](mailto:heri@ucla.edu)

<http://www.heri.ucla.edu/cirpoverview.php>

**Availability:**

Information on obtaining access data can be viewed at <https://www.heri.ucla.edu/gainaccess.php>.

**Overview:**

The CIRP Freshman Survey (TFS) is part of the Cooperative Institutional Research Program (CIRP), a national longitudinal study of the American higher education system. TFS is designed for incoming first-year students before they start classes at the institution. TFS provides data on incoming college students' background characteristics, high school experiences, attitudes, behaviors, and expectations for college. Published annually in *The American Freshman*, the results from these surveys provide a summary of the changing characteristics of entering students.

**Survey Design/Methodology:**

TFS is conducted before students start their college careers. Most campuses conduct the survey during orientation and use either paper or electronic formats. The best results occur when the survey is administered in a proctored setting. The paper survey can be administered in large-group settings during orientation, but it can also be provided to classrooms, residence halls, small groups, or through the mail. The web survey can be administered using an email notification,

managed either by the campus or Higher Education Research Institute.

**Sample Characteristics:**

TFS is designed for incoming freshmen before entering college. Reports provided to participating institutions can be broken down by sex, full and part-time student status, comparisons with other institutions, etc.

**Alcohol Variables:**

TFS asks students how often they drink beer, wine, or liquor, providing the following options: frequently, occasionally, or not at all.

**Other Variables:**

Other variables cover a wide range of student characteristics, including parental income and education, ethnicity, and other demographic items; financial aid; secondary school achievement and activities; educational and career plans; and values, attitudes, beliefs, and self-concept. The survey also addresses established behaviors in high school, academic preparedness, admissions decisions, expectations of college, interactions with peers and faculty, student values and goals, and concerns about financing college.

## College Senior Survey (CSS)—1993–2016, Annually

**Sponsoring Agency:**

Higher Education Research Institute

**Contact:**

Higher Education Research Institute

3005 Moore Hall, Box 951521

Los Angeles, CA 90095-1521

(310) 825-1925

[heri@ucla.edu](mailto:heri@ucla.edu)

<http://www.heri.ucla.edu/cssoverview.php>

**Availability:**

Information on obtaining access to data can be viewed at <https://www.heri.ucla.edu/gainaccess.php>.

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**Overview:**

CSS is part of the Cooperative Institutional Research Program (CIRP), a national longitudinal study of the American higher education system. The College Senior Survey is designed as an exit survey for graduating seniors. The CSS focuses on a broad range of college outcomes and post-college goals, including academic achievement and engagement, student-faculty interaction, cognitive development, student goals and values, satisfaction with college, degree aspirations, and career and post-college plans.

**Survey Design/Methodology:**

CSS can be conducted using paper or electronic formats. The paper survey can be administered in the classroom, a group setting, or as a mail-out survey. The most successful administration of the CSS is in large group settings, such as a graduation rehearsal. The web survey can be administered through an email notification, managed either by the campus or Higher Education Research Institute. The web portal allows for email notification and reminder dates, customizable pages, and the ability for college to upload additional questions.

**Sample Characteristics:**

CSS is designed to be answered by graduating college seniors. If seniors took the CIRP Freshman

Survey and were provided with a consistent ID number, their profiles can be matched and longitudinal reports can be produced, comparing freshman- to senior-year development. Reports generated can be broken down by sex, full- and part-time student status, comparisons with other institutions, etc.

**Alcohol Variables:**

CSS asks students how often they drink beer, wine, or liquor, providing the following options: frequently, occasionally, or not at all. Respondents are also asked, “How many times in the past 2 weeks, if any, have you had 5 or more alcoholic drinks in a row?” They are provided with the following options: none, twice, 6–9 times, once, 3–5 times, or 10 or more times.

**Other Variables:**

Variables include demographics (sex, race/ethnicity, religion, sexual orientation, etc.); involvement in school, research, extracurricular, and social activities; political views; and feelings regarding different aspects of college (e.g., class size, resources, advising, etc.). The survey also asks respondents to rate themselves on different characteristics (e.g., academic ability, physical health, self-confidence, tolerance, etc.) when compared with peers.

**Department of Defense Health Behavior Survey—2008 and 2011. Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel—1982, 1985, 1988, 1992, 1995, 1998, 2002, and 2005. Worldwide Surveys of Alcohol and Nonmedical Drug Use Among Military Personnel—1980 and 1982****Sponsoring Agency:**

U.S. Department of Defense Military Health System

**Contact:**

Robert M. Bray, Ph.D.  
Research Triangle Institute  
3040 Cornwallis Road  
P.O. Box 12194  
Research Triangle Park, NC 27709  
(919) 541-6433 or (919) 541-6000

**Availability:**

Contact the Research Triangle Institute for information on data access.

**Overview:**

Beginning in 1980, this survey was designed to measure prevalence of substance use and health behaviors among active-duty military personnel on U.S. military bases worldwide. Data can be combined to examine trends in substance abuse and negative effects of alcohol use from 1980 to 2008. Extensive changes to the methodology in 2011 preclude direct comparison to prior iterations of the survey. Changes include administration from group-administered paper-pencil to individual computer-based, as well as sampling, weighting, data editing, and analysis. The 2005 survey introduced changes to the wording of questions related to illicit drug use by adding descriptions of drug use categories. Also in 2005, revisions were made to the alcohol use items to be consistent with items from the Alcohol Use Disorders Identification Test (AUDIT).

Data are used to better understand the nature, causes, and consequences of substance abuse and health practices in the military and to help evaluate and guide related programs and policies. Comparisons between the military and civilian populations can be made using data from the National Survey on Drug Use and Health (NSDUH).

**Survey Design/Methodology:**

The survey collects data from all active duty military personnel. A random sample of all active duty military personnel in the four U.S. military services (Army, Navy, Air Force, and Marines) worldwide is surveyed over a 6-week period. The Coast Guard was included beginning in 2008. Data are collected every 2–4 years, and more than

60 military installations worldwide are represented.

**Sample Characteristics:**

The final sample for 2011 consisted of 39,877 military personnel (6,932 Army, 7,571 Navy, 8,339 Marine Corps, 11,574 Air Force, and 5,461 Coast Guard). Respondents completing the survey were randomly selected to represent men and women in all pay grades of the active military throughout the world.

**Alcohol Variables:**

Drug, alcohol, and tobacco use are measured in quantity and frequency during the past 30 days. Survey questions also cover negative physical, social, and work-related effects of alcohol and drug use, as well as beliefs and attitudes about dangers related to use. Opinions about military alcohol and drug policies and programs are also reported.

**Other Variables:**

Other variables include positive health practices, knowledge/attitudes about AIDS, use of tobacco, exercise, diet, gambling, and injury prevention. Stress, coping styles, and special health issues among military women were also included in the 1998 survey. Questions were added in 2005 to better assess use of alternative medicine treatments, serious mental illness, and effects of deployment. The 2008 survey included new items geared toward characterizing deployment experiences and exposure to combat situations among respondents.

## Harvard School of Public Health College Alcohol Study (CAS)—1993, 1997, 1999, and 2001

### **Sponsoring Agency:**

The Robert Wood Johnson Foundation

### **Contact:**

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677 Huntington Avenue  
SPH 3, Floor 7  
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(617) 355-3538

[elissa.weitzman@childrens.harvard.edu](mailto:elissa.weitzman@childrens.harvard.edu)

<http://archive.sph.harvard.edu/cas/About/contact.html>

### **Availability:**

Public use data files are available for download by going to <http://www.icpsr.umich.edu/icpsrweb/ICPSR/> and searching on "Harvard College Alcohol Study".

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### **Overview:**

CAS examined key issues in college alcohol abuse, including the tradition of heavy drinking on college campuses, the role of fraternities and sororities and of athletics, the relationship of state alcohol control measures and college policies to this behavior, and the roles that easy access to alcohol and low prices play. The study also provided a continuing look at other high-risk behaviors among college students, including tobacco and illicit drug use; unsafe sex; violence; and other behavioral, social, and health problems confronting today's American college students.

### **Survey Design/Methodology:**

Each survey collected data from a random sample of full-time undergraduate students enrolled in 4-year colleges or universities in the United States. Survey weights were included to reflect the population of full-time undergraduate students in the year of study. A second set of weights adjusted for the population of full-time undergraduates in 1993, allowing for examination of trends over time.

### **Sample Characteristics:**

The College Alcohol Study conducted four national surveys from 1993 to 2001. The surveys included

17,592 students in 1993, 15,685 in 1997, 14,941 in 1999, and 10,904 in 2001. Students at 140 4-year colleges and universities in 40 states and the District of Columbia participated, with 119 schools included in all 4 study years.

### **Alcohol Variables:**

Information on current personal alcohol use, alcohol use in high school, alcohol use by other students, opinions on campus alcohol programs and policies, and the use of treatment for an alcohol problem were gathered. Survey questions also covered negative effects of alcohol and drug use.

### **Other Variables:**

In addition to demographic information, other variables included information on personal health behaviors, such as exercise, sexual activity, use of drugs and tobacco, and gun ownership; gambling; satisfaction with education; current grade point average; and involvement in other student activities.

## The Health and Retirement Study: A Longitudinal Study of Health, Retirement, and Aging (HRS)—1992–2014, Biennially

### **Sponsoring Agency:**

National Institute on Aging, with supplemental support from the Social Security Administration

### **Contact:**

HRS, Survey Research Center  
Institute for Social Research  
University of Michigan  
426 Thompson St.  
Ann Arbor, MI 48104  
(734) 936-0314  
[hqsquestions@umich.edu](mailto:hqsquestions@umich.edu)  
<http://hrsonline.isr.umich.edu/help>

### **Availability:**

Data files are available from <http://hrsonline.isr.umich.edu/index.php?p=avail>. Information on restricted data such as Medicare data, earnings records, and geographic detail is available at <http://hrsonline.isr.umich.edu/rda>.

### **Overview:**

HRS is a nationally representative longitudinal panel study of economic, physical, and mental health; marital and family status; as well as public and private support systems of older Americans. It is designed to track age-related changes in health, economic status, and support that affect retirement, health insurance, saving, and well-being. A companion study, Assets and Health Dynamics Among the Oldest Old (AHEAD), is conducted in association with HRS to fill the gap of information on Americans over age 70. HRS data can be linked with the Employer Pension Study (1993, 1999), the National Death Index, the Social Security Administration earnings and projected benefits data, W-2 self-employment data, and Medicare data.

### **Survey Design/Methodology:**

The HRS core sample design is a multistage area probability sample of households. The baseline sample included in-home, face-to-face interviews in 1992 (1931–1941 birth cohort) and 1998 (1924–1930 and 1942–1947 birth cohorts). At 6-year intervals, the 6-year birth cohort that is ages 51–56 in that year is added to the sample. Follow-ups are conducted on these groups every 2 years, with proxy interviews after death. Blacks, Hispanics, and Florida residents are oversampled.

In 2006, HRS initiated an enhanced face-to-face interview. The enhanced interview includes the core interview plus a set of physical performance measures, collection of biomarkers, and a leave-behind questionnaire on psychosocial topics. A random one-half of households were preselected for the enhanced face-to-face interview in 2006, with the other half of the sample selected for 2008. The design is repeated in each subsequent wave.

### **Sample Characteristics:**

HRS currently surveys more than 22,000 Americans over age 50 every 2 years. Each original sample is restricted to those living in households in the 48 conterminous states at the time of the baseline wave. Follow-up interviews are not restricted by geographic area. There are 6 distinct sub-samples. The original HRS sample includes individuals born in 1931–1941. In 1998, the original AHEAD sample of individuals born before 1923 was merged with the HRS into a single interview schedule and 2 groups were added: the War Baby (WB) sample, born in 1942–1947; and the Children of the Depression Age (CODA) sample, born in 1924–1930. In 2004, the Early Baby Boomer (EBB) cohort, born in 1948–1953, was added. The Middle Baby Boomer (MBB) cohort born in 1954–1959 was added in 2010.

### **Alcohol Variables:**

Alcohol questions appear in the Health Status section and in the Experimental Module on IADL Measures. Questions include lifetime use of alcohol, quantity and frequency of drinking in the past 3 months, opinions of what is considered a “drink,” and CAGE drinking problems (attempts to cut down, morning drinking, and criticism and guilt about drinking).

### **Other Variables:**

Other variables include demographics; health status; health care utilization, cost, and funding; cognitive conditions and status; attitudes, preferences, and expectations for the future; family structure and transfers; employment history; job demands and requirements; housing; income, assets, and net worth; disability; and health insurance and pension plans. Additional experimental modules are added each survey year.

## Monitoring the Future (MTF): A Continuing Study of American Youth—1975–2015, Annually

### **Sponsoring Agency:**

National Institute on Drug Abuse (NIDA), U.S. Department of Health and Human Services, and Institute for Social Research, University of Michigan

### **Contact:**

Survey Research Center  
University of Michigan  
P.O. Box 1248  
Ann Arbor, MI 48106-1248  
[mtfinformation@umich.edu](mailto:mtfinformation@umich.edu)  
<http://www.monitoringthefuture.org/>

### **Availability:**

Data files are available for download from <https://www.icpsr.umich.edu/icpsrweb/ICPSR/series/35>. Online data analysis is also available at the website.

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### **Overview:**

MTF is designed to explore changes in important values, behaviors, and lifestyle orientations of contemporary American youth, with a particular emphasis on recent trends in the use of licit and illicit drugs. Data on high school seniors have been collected during the spring of each year since the survey began in 1975. The survey was expanded to include college students and young adults through follow-ups. Eighth- and tenth-grade students were added each year after 1990.

### **Survey Design/Methodology:**

MTF employs a complex cohort sequential design appropriate for distinguishing and explaining period-related, age-related, and cohort-related changes. It can also be used to examine changes linked to different environments (e.g., high school, college, or employment) or role transitions (leaving the parental home, marriage, parenthood, etc.). The samples were drawn with a multistage random sampling procedure from public and private secondary schools throughout the conterminous United States. The total 12th-grade sample was equally divided into six subsamples. Each was administered a different form of the questionnaire to enable wide coverage of survey questions among the sample. However, about one-third of each questionnaire consists of the “core” drug and demographic questions common to all forms. Unlike the 12th-grade surveys, the 8th- and 10th-grade surveys only used two different questionnaire forms in 1991–1996 (this expanded to four forms beginning in 1997). The study design of MTF calls for biennial follow-ups—through age 32—of a subsample of the respondents in each

participating senior class, beginning with the class of 1976.

### **Sample Characteristics:**

Approximately 50,000 8th-, 10th-, and 12th-grade students are surveyed each year. Sample sizes in 2015 were approximately 15,000, 16,000, and 13,700 for 8th, 10th, and 12th graders, respectively, from 382 secondary schools.

### **Alcohol Variables:**

MTF includes lifetime, past year, and past 30-day use of alcohol and other drugs (marijuana, inhalants, hallucinogens, cocaine, heroin, other opiates, stimulants, sedatives, tranquilizers, cigarettes, and steroids). Other alcohol questions include the following: the grade during which a respondent first consumed alcohol; how many occasions a respondent had been drunk or very high in their lifetime, past year, and past 30 days; the number of times they had either 4, 5, 10, or 15 or more drinks in a row in the last 2 weeks; and if they drank an alcoholic beverage containing caffeine or mixed with an energy drink in the last 12 months. Data are also collected on respondent attitudes and beliefs regarding alcohol and other drug use, perceived harm, perceived availability, and social disapproval. Eighth- and tenth-grade students are asked about the different locations in which they consume alcohol and if, in the last 2 weeks, they had been a passenger in a car where the driver had been drinking. Additional questions are asked for high school seniors, including simultaneous drug and alcohol use during the last 12 months. Variables for seniors also include the different occasions and reasons for alcohol use, treatment, and behavioral, health,

and social problems resulting from alcohol use. Lastly, seniors are asked how many times they had driven a car, truck, or motorcycle after drinking in the last 2 weeks, and the number of times they received tickets or warnings or had an accident while driving a car, truck, or motorcycle in the past 12 months after drinking alcoholic beverages.

***Other Variables:***

Sociodemographic data include sex, age, region, population density, and parental education, and

other demographic and social network variables. A variety of other variables include information on attitudes toward religion, parental influences, changing roles for women, educational aspirations, self-esteem, social networks, exposure to sex and drug education, and violence and crime—both in and out of school.

## National Child Abuse and Neglect Data System, Child File (NCANDS)—1995–2015, Annually

**Sponsoring Agency:**

Children's Bureau, U.S. Department of Health and Human Services

**Contact:**

National Data Archive on Child Abuse and Neglect

Beebe Hall—BCTR

Cornell University

Ithaca, NY 14853

(607) 255-7799

<http://www.ndacan.cornell.edu/about/about-contact-us.cfm>

**Availability:**

Because of the detailed nature of the information on Child File records, these data are considered restricted. Researchers who would like to use the data must fulfill eligibility criteria, submit an application for approval to the Archive, and enter into a legally binding data license that outlines the requirements for appropriate use of the data. Further information on access requirements is available at <https://www.ndacan.cornell.edu/datasets/datasets-list-ncands-child-file.cfm>.

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**Overview:**

NCANDS is a federally sponsored, annual, national data collection effort created for the purpose of tracking the volume and nature of child maltreatment reporting. The Child File data set consists of child-specific data on all investigated reports of maltreatment to state child protective service agencies. Beginning in 2000, the Child File replaced the Detailed Case Data Component files (DCDC), which included only data on substantiated or indicated cases of maltreatment. State-level data are also available in a separate file.

**Survey Design/Methodology:**

States participate on a voluntary basis and submit their data after going through a process in which the state's administrative system is mapped to the NCANDS data structure. All reports reaching a disposition date (i.e., the report is completed) in a given year are mapped to the NCANDS data elements and included in the submission. Data are collected based on the Federal Fiscal Year (FFY). The Child File represents a census of all child protective services investigations or assessments conducted in the states that participated in the NCANDS. Records are provided at the level of each child on a report.

**Sample Characteristics:**

Fifty states, the District of Columbia, and Puerto Rico submitted data to the NCANDS Child File for FFY 2015. The resulting data set consists of 4,062,229 records.

**Alcohol Variables:**

The data set includes information on compulsive use of or need for alcohol by the child (including infants addicted at birth, or who are victims of Fetal Alcohol Syndrome, or who may have other disabilities due to the use of alcohol during pregnancy), compulsive use of or need for alcohol that is not of a temporary nature by the caretaker, and whether substance abuse services were provided to the child and/or family.

**Other Variables:**

Other variables include the demographics of children and their perpetrators; types of maltreatment; investigation or assessment dispositions; risk factors for maltreatment, including compulsive drug use by the child and caretaker; and services provided as a result of the investigation or assessment, including mental health services.

## National Education Longitudinal Study of 1988 (NELS:88)—1988, Follow-ups—1990, 1992, 1994, and 2000

### **Sponsoring Agency:**

National Center for Education Statistics (NCES), U.S. Department of Education

### **Contact:**

Elise Christopher  
National Center for Education Statistics  
Potomac Center Plaza  
550 12th Street, SW  
Washington, DC 20024  
(202) 245-7098  
[nels88@ed.gov](mailto:nels88@ed.gov)  
<http://nces.ed.gov/surveys/nels88/>

### **Availability:**

NELS88 public use data files can be accessed at [https://nces.ed.gov/surveys/nels88/data\\_products.asp](https://nces.ed.gov/surveys/nels88/data_products.asp). Access to student transcript files or geographic information requires a restricted data license from NCES. An online data analysis system is available.

### **Overview:**

NELS88 was a longitudinal survey designed to provide trend data about critical transitions of students as they enter middle school and progress through high school and into postsecondary institutions or the work force. Policy-relevant data about educational processes and outcomes were collected over time, especially as they pertained to student learning, early and late predictors of dropping out, and school effects on student access to programs and equal opportunity to learn. NELS88 began with an 8th-grade cohort in 1988. The first, second, third, and fourth follow-ups were conducted in 1990, 1992, 1994, and 2000, respectively, when the cohort was in 10th and 12th grades and 2 and 8 years after high school. The primary goals of the 1994 round were to (1) provide data for trend comparisons, (2) address issues of employment and postsecondary access and choice, and (3) ascertain how many dropouts have returned to school and by what route. The 2000 follow-up examined what this cohort had accomplished 12 years after the 8th-grade baseline survey.

### **Survey Design/Methodology:**

Survey data were collected from a nationally representative two-stage stratified sample of students through a group-administered questionnaire survey. Parents, teachers, and school administrators of the sampled students were also surveyed. Data collection for the third and fourth follow-up was primarily conducted by computer-assisted telephone interview (CATI). The fourth follow-up study employed both CATI

and CAPI (computer-assisted personal interviews).

### **Sample Characteristics:**

Beginning in 1988, a total of 24,599 8th graders from 1,025 schools (representing 3 million 8th graders in 40,000 public and private schools) were surveyed in a nationally representative sample. The augmentations and deletions to the sample occurred through follow-ups to the survey. The first, second, third, and fourth follow-up sample sizes were 19,394, 19,200, 14,915, and 12,144, respectively.

### **Alcohol Variables:**

Alcohol use of lifetime, past 12 months, past 30 days, and having 5 or more drinks in a row in the past 2 weeks were measured in the first and second (1990 and 1992) follow-up surveys. Alcohol use of the past 30 days and 5+ drinks in the past 2 weeks were measured again in 2000 with the fourth follow-up.

### **Other Variables:**

In addition to demographic information, NELS collected data on school experiences, educational and occupational aspirations, academic growth and performance, features of effective schools, educational transitions and attainment, sexual activity, experience with law enforcement, community service work, job-related training, labor market experiences, marriage, family formation, and current and other activities. Use of cigarettes, marijuana, and cocaine was also surveyed.

## National Latino and Asian American Study (NLAAS)—2002–2003

### **Sponsoring Agency:**

National Institute of Mental Health (NIMH), with supplemental support from the Office of Behavioral and Social Sciences Research (OBSSR) at the National Institute of Health (NIH) and Substance Abuse and Mental Health Services Agency (SAMHSA)

### **Contact:**

Health Equity Research Lab  
1035 Cambridge Street, 2nd Floor  
Cambridge, MA 02141  
(617) 806-8741 or fax (617) 806-8740  
<http://www.healthequityresearch.org/>

### **Availability:**

Public use data are available for download from  
<http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/20240>.

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### **Overview:**

NLAAS is one of the Collaborative Psychiatric Epidemiology Surveys, which were initiated in recognition of the need for epidemiological data regarding the distributions, correlates, and risk factors of mental disorders among the general population, with special emphasis on minority groups. NLAAS was a nationally representative community household survey that estimates the prevalence of mental health disorders and rates of mental health service utilization by Latinos and Asian Americans in the United States. It can be used to assess the associations of social position, environment, and psychosocial factors with the prevalence of psychiatric disorders and utilization rates of mental health services. NLAAS allows researchers to compare the prevalence of psychiatric disorders and utilization of mental health services of Latinos and Asian Americans to nationally representative samples of non-Latino Whites and African Americans.

### **Survey Design/Methodology:**

NLAAS survey data collection was based on a multistage area probability sample conducted across the United States. The interviews took place between May 2002 and December 2003 and were conducted using laptop computer-assisted personal interview (CAPI) methods in the homes of the respondents. Two adult respondents in a subsample of households were selected in a two-phase sample design in which core sampling of PSUs, area segments, and housing units designed to be nationally representative of all U.S. populations and a High Density supplemental sample targeting geographic areas with greater density for groups of interest were used. The sample was linked to the

National Comorbidity Survey Replication (NCS-R) and the National Survey of African American Life (NSAAL) for statistical comparisons to other racial/ethnic groups.

### **Sample Characteristics:**

The NLAAS respondents included Latino American (Cuban, Mexican, Puerto Rican, and other Latino descent) and Asian American (Chinese, Filipino, Vietnamese, and other Asian American descent) adults, and a control group of non-Latino, non-Asian White American adults, ages 18 and older residing in households located in the conterminous United States and the state of Hawaii. A total of 4,864 interviews were conducted, of which 4,649 were eligible (2,554 Latino and 2,095 Asian American).

### **Alcohol Variables:**

Alcohol variables include the age at first alcohol consumption, the number of opportunities a respondent had to consume alcohol before first consumption, and past-year and lifetime treatment for alcohol- and drug-related problems. Variables also include problems arising from alcohol use, including anger and nervous attacks, social implications (e.g., fighting with family), and interference in responsibilities. The survey measures alcohol disorders using DSM-IV definitions.

### **Other Variables:**

NLAAS variables include lifetime and past-year prevalence of psychiatric disorders and utilization of mental health services use. In addition to mental health, the survey contains physical health variables including diet, presence of chronic conditions due to obesity, and history of physical activity.

## National Longitudinal Study on Adolescent to Adult Health (Add Health)—Wave I (1994–1995), Wave II (1996), Wave III (2001–2002), and Wave IV (2007–2008)

### **Sponsoring Agency:**

National Institute of Child Health and Human Development (NICHD) and 17 other Federal agencies

### **Contact:**

Add Health  
 Carolina Population Center  
 University of North Carolina at Chapel Hill, CB# 8120  
 206 West Franklin Street  
 Chapel Hill, NC 27516-2524  
[addhealth@unc.edu](mailto:addhealth@unc.edu)  
<http://www.cpc.unc.edu/projects/addhealth/contact>

### **Availability:**

Public-use data are available for download or online analysis at <http://www.icpsr.umich.edu/icpsrweb/DSDR/studies/21600/version/8>. The more extensive restricted-use data are available by contractual agreement with the Carolina Population Center. For more information or to obtain the restricted-use data visit the Add Health website at <http://www.cpc.unc.edu/projects/addhealth/data/restricteduse> or contact Add Health at [addhealth-contract@unc.edu](mailto:addhealth-contract@unc.edu).

### **Overview:**

Add Health is a nationally representative study that explores the causes of health-related behaviors of adolescents in grades 7 through 12 and their outcomes in young adulthood. Add Health seeks to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence adolescent health and risk behaviors. In 2014, Add Health was renamed the National Longitudinal Study of Adolescent to Adult Health to reflect the study's ongoing nature that follows individuals from early adolescence into adulthood. To date, data have been collected at four time points, Wave I (1994–1995), Wave II (1996), Wave III (2001–2002), and Wave IV (2007–2008).

### **Survey Design/Methodology:**

The in-school phase (fall 1994) questionnaires were administered to students in 80 high schools and 52 associated middle schools identified through a stratified random sample of all high schools in the country. School administrators at each school completed a questionnaire on school characteristics and policies. In the in-home phases (Wave I, summer and fall 1995), interviews were conducted with a stratified sample of students enrolled in participating schools (core sample) and with selected oversampled students. A separate interview was conducted with a parent of each adolescent in Wave I. Information about community and neighborhood characteristics were

compiled independently from 1990 Census block group-level data and linked to the individual data. The in-home sample design includes a genetic sample of sibling pairs; a saturation sample of all adolescents attending selected high schools; a sample of students with disabilities; and an oversample of Chinese, Cuban, and Puerto Rican students and students from Black families with high levels of education. The Wave II in-home interview surveyed almost 15,000 of the same students one year after Wave I. The in-home Wave III sample consisted of Wave I respondents who could be located and re-interviewed 6 years later. Lastly, Wave IV interviewed all eligible original Wave I in-home respondents available for in-home interviews.

### **Sample Characteristics:**

Add Health includes 80 high schools and 52 middle schools from the United States with an unequal probability of selection. Systematic sampling methods and implicit stratification are incorporated into the study to ensure a sample representative of U.S. schools. At Wave I, 90,118 respondents participated in the in-school administration, and 20,745 respondents were interviewed in home. Of the respondents interviewed in home, 14,738, 15,197, and 15,701 were reinterviewed at Waves II, III, and IV respectively. At Wave IV, the respondents were between ages 24 and 32.

**Alcohol Variables:**

The in-home survey includes questions on alcohol consumption; binge drinking; perceived consequences of alcohol use; substance abuse in relation to driving, violence, and sexual behavior; and access to substances in the home.

**Other Variables:**

The surveys asked questions about the student's daily activities, general health, self-esteem, personality, friends and peer networks, romantic relationship, pregnancy, contraception, AIDS and STD risk perception, biological and resident parents, siblings, fighting and violence, delinquency, suicide, neighborhood, and religion.

The school administrator's survey asked questions concerning the school's characteristics, including type, specialization, class size, attendance level, sociodemographics and health-related behaviors of teachers, health education and services, SAT test, and rules and discipline policies. A public use Contextual Database provides block group characteristics such as population, poverty, housing, education, labor force, and vital statistics. Wave IV also included collection of blood pressure readings, anthropometric measures (height, weight, and waist circumference), saliva for DNA, and blood spots from a fingerstick from all consenting respondents.

**National Longitudinal Survey of Youth (NLSY79)—1979–2014, Annually****Sponsoring Agency:**

U.S. Department of Labor, National Opinion Research Center, and Center for Human Resource Research (CHRR)

**Contact:**

U.S. Bureau of Labor Statistics  
National Longitudinal Survey Program  
U.S. Bureau of Labor Statistics  
2 Massachusetts Avenue, NE, Suite 4945  
Washington, DC 20212-0001  
(202) 691-7410  
<https://www.bls.gov/nls/nlsy79.htm>

**Availability:**

Public use data are available for download from  
<https://www.nlsinfo.org/investigator/pages/search.jsp?s=NLSY79>.

**Overview:**

NLSY79 is a national longitudinal survey to help evaluate the expanded employment and training programs for youth legislated by 1977 amendments to the Comprehensive Employment and Training Act (CETA). Since then, the NLSY has expanded to examine a variety of policy issues. The survey's aim is to obtain information on youth in the labor force and factors potentially affecting a young person's labor force attachment, including employment earnings, transition from school to work, training programs and training in the workplace, family/workplace relationships, geographic mobility, juvenile delinquency, and criminal behavior.

**Survey Design/Methodology:**

NLSY79 uses a multistage, stratified area probability sample designed to be representative of the noninstitutionalized civilian segment of American youth ages 14 to 22 when first interviewed in 1979. Supplemental samples oversampled civilian Hispanic, Black, and economically disadvantaged White youth. Another supplemental sample represented the military population ages 17 to 21. Annual personal interviews of the original respondents were conducted through 1994. Thereafter, interviews were biennial. The 1987 survey was conducted by phone.

**Sample Characteristics:**

In 1979, NLSY79 sampled a total of 12,686 young people born between 1957 and 1964. This sample included 11,406 civilian and 1,280 military youth. Hispanic, economically disadvantaged, and youth in the military were oversampled. The respondents were ages 19 to 28 at the time of the 2014 interviews.

**Alcohol Variables:**

Alcohol variables are included in the 1982–1985, 1988–1990, 1992, 1994, 2002, and 2006–2014 follow-up surveys. Questions provide information on drinking patterns, consumption of various alcoholic beverages, the impact of alcohol use on schoolwork and/or job behavior, frequency of going to bars, and trying to cut down on drinking. The 1988 survey included items about respondent relatives who have been alcoholics or problem drinkers.

**Other Variables:**

Other variables in NLSY79 include demographics, marital history and fertility, education, labor force status, jobs and employer information, training, work experience and attitudes, military service, health limitations, and income and assets. Also included are questions on job search methods, migration, educational and occupational aspirations and expectations, self-esteem, childcare, prenatal and postnatal health behaviors, delinquency, time use, AIDS knowledge, and drug use.

## National Longitudinal Survey of Youth (NLSY97)—1997–2014, Annually

**Sponsoring Agency:**

U.S. Department of Labor, National Opinion Research Center, and Center for Human Resource Research

**Contact:**

National Longitudinal Survey Program  
U.S. Bureau of Labor Statistics  
2 Massachusetts Avenue, NE, Suite 4945  
Washington, DC 20212-0001  
(202) 691-7410  
<https://www.bls.gov/nls/nlsy97.htm>

**Availability:**

Data available for download and online analysis can be found from <https://www.nlsinfo.org/investigator/pages/search.jsp?s=NLSY97>. Information about accessing the restricted data including geographical variables is available at <https://stats.bls.gov/nls/geocodeapp.htm>.

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**Overview:**

NLSY97 is designed to document the transition from school to work and into adulthood. It collects extensive information about labor market behavior and educational experiences among youth over time. Employment information focuses on two types of jobs: “employee” jobs where youths work for a particular employer, and “freelance” jobs such as lawn mowing and babysitting. These distinctions will enable researchers to study effects of very early employment among youth.

**Survey Design/Methodology:**

The first NLSY97 took place in 1997 and currently consists of 16 total rounds of data collection. In that first round, both the eligible youth and one of that youth’s parents received hour-long personal interviews. In addition, during the screening process, an extensive two-part questionnaire was administered that listed and gathered demographic information on members of the youth’s household and on his or her immediate family members living elsewhere. The youth respondents are interviewed on an annual basis. Areas of the survey that are potentially sensitive, such as alcohol and drug use, sexual activity, and criminal behavior, make up the self-administered portion of the interview.

**Sample Characteristics:**

The NLSY97 consists of a nationally representative sample of approximately 9,000 youths. Respondents were born between 1980 and 1984; at the time of first interview, respondents’ ages ranged from 12 to 18. The respondents were aged 28 to 34 at the time of their round 16 interviews (2013–2014). Two subsamples make up the NLSY97 cohort: a cross-sectional sample of 6,748 respondents designed to be representative of the initial survey respondents in 1980–1984; and a supplemental sample of 2,236 respondents, oversampling Hispanics and Blacks.

**Alcohol Variables:**

Alcohol variables include lifetime and current drinking, age at first use, quantity, frequency, binge drinking (5+), drinking and driving, and drinking before or during work or school.

**Other Variables:**

Subject areas in the questionnaire include demographics, the relationships between youth and their parents, contact with absent parents, marital and fertility histories, dating, substance abuse, sexual activity, onset of puberty, training, participation in government assistance programs, expectations, time use, and criminal behavior.

## National Survey of Black Americans (NSBA)—1979–1980, 1987–1988, 1988–1989, 1992

### **Sponsoring Agency:**

National Institute of Mental Health (NIMH), United States Department of Health and Human Services

### **Contact:**

Inter-University Consortium for Political and Social Research  
 Institute for Social Research  
 University of Michigan  
 P.O. Box 1248  
 Ann Arbor, MI 48106-1248  
 (734) 647-2200

### **Availability:**

Public use data are available for download from  
<https://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/6668>.

### **Overview:**

The National Survey of Black Americans (NSBA) series was developed by the Program for Research on Black Americans at the Institute for Social Research and was initiated in 1977 with funding provided by NIMH, Center for the Study of Minority Group Mental Health. The series was developed to address the limitations in the existing research on the study of Black Americans. The series provides data on social, economic, and psychological aspects of Black American life.

### **Survey Design/Methodology:**

NSBA used a national, multistage probability sample, and was conducted in four waves. To properly screen for Black American households, the Standard Listing and Screening Procedure and the Wide Area Screening Procedure were developed by the Survey Research Center (SRC). The screening procedures minimized the cost of screening in geographical areas of low density and effectively reduced time for locating and listing Black housing units. The sample used was self-weighting, and every Black American household in the continental United States had an equal probability of being selected. SRC trained staff to conduct personal interviews and questionnaires in households.

### **Sample Characteristics:**

The sample consisted of respondents ages 18 and older that self-identified as Black and were U.S. citizens. Wave 1 was administered to 2,107 respondents; Wave 2 to 951 respondents

(including 935 from Wave 1); Wave 3 to 793 respondents (including 779 from Wave 2); and Wave 4 to 659 respondents (including 1 from Wave 1, 28 from Wave 2, and 623 from Wave 3).

### **Alcohol Variables:**

Respondents were asked to report if they or any loved ones had an alcohol or substance abuse problem. If they reported mental health conditions such as feeling depressed, they were asked how often they drank alcohol while feeling this way and were given the following response options: very often, fairly often, not too often, hardly ever, and never. Additional variables addressed if any doctors diagnosed alcohol use as a reason for stress and if a spouse's alcohol problems were a cause for divorce.

### **Other Variables:**

The survey investigates neighborhood-community integration, services, crime and community contact, the role of religion and the church, physical and mental health, self-esteem, life satisfaction, employment, the effects of chronic unemployment, the effects of race on the job, interaction with family and friends, racial attitudes, race identity, group stereotypes, and race ideology. Demographic variables include education, marital status, income, employment status, occupation, and political behavior and affiliation.

## National Survey of Families and Households (NSFH)—1987–1988, 1992–1994, and 2001–2003

### **Sponsoring Agency:**

University of Wisconsin–Madison; and National Institute of Child Health and Human Development and National Institute on Aging, U.S. Department of Health and Human Services

### **Contact:**

Center for Demography  
University of Wisconsin  
1180 Observatory Drive, Room 4412  
Madison, WI 53706-1393  
(608) 262-9836  
[nsfhhelp@ssc.wisc.edu](mailto:nsfhhelp@ssc.wisc.edu)  
<http://www.ssc.wisc.edu/nsfh/>

### **Availability:**

Public data files are available for download from <ftp://elaine.ssc.wisc.edu/pub/nsfh/>. A mandatory confidentiality agreement must be signed and returned to NSFH before geographical information can be released to the user.

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### **Overview:**

NSFH was designed to provide a data source on the structure, functioning, process, and relationships of American families. NSFH was a national longitudinal survey that permits research on a wide variety of aspects of American family life and experience as both determinants and consequences of other family and life course events.

### **Survey Design/Methodology:**

NSFH used a national stratified, multistage-area probability sample based on the 1985 population projections for SMSA and nonmetropolitan counties. The baseline survey (Wave 1) was conducted in 1987–1988. The design of the baseline survey is cross-sectional, with several retrospective sequences of life-history questions. One adult per household was randomly selected as the primary respondent. Several portions of the main interview were self-administered to facilitate collection of sensitive information and to ease the flow of the interview. A shorter self-administered questionnaire was given to the spouse or cohabiting partner of the primary respondent. The longitudinal follow-up of the sample was conducted in 1992–1994 (Wave 2) and in 2001–2003 (Wave 3). The Wave 2 survey included personal interviews of all surviving original respondents, the current spouse or cohabiting partner, and the original spouse or partner for relationships that had ended. It also included a telephone interview with “focal children” who were originally ages 13–18 in Wave 1, a short telephone interview with focal children

who were originally ages 5–12 in Wave 1, short proxy interviews with a surviving spouse or other relative in cases where the original respondent had died or was too ill to interview, and a telephone interview with a randomly selected parent of the main respondent. The Wave 3 survey included telephone interviews of primary respondents (ages 45 and older for those without eligible focal children), spouses, and eligible focal children ages 18–33. Individuals, rather than families or households, form the units of observation.

### **Sample Characteristics:**

The Wave 1 survey consists of a national sample of 13,007 respondents from 9,637 households, with an oversampling of Blacks, Puerto Ricans, Mexican Americans, single-parent families, families with stepchildren, cohabiting couples, and recently married persons. Among the original respondents, 10,007 remained in Wave 2 and 7,277 remained in Wave 3. Follow-up surveys include additional samples from spouses, parents, and children.

### **Alcohol Variables:**

Wave 1 asks if anyone in the household has drinking problems. Waves 2 and 3 ask about personal drinking patterns measured in the past 30 days, age of first drink, and relationships with problem drinkers.

### **Other Variables:**

A considerable amount of life-history information was collected, including childhood living arrangements, family composition, and

relationships; education, fertility, and employment histories; past and current living arrangements; and the consequences of earlier

family patterns on current states, marital and parenting relationships, kin contact, and economic and psychological well-being.

## National Survey of Parents and Youth (NSPY), Rounds 1, 2, 3, 4—1999–2004

**Sponsoring Agency:**

National Institute of Drug Abuse (NIDA), U.S. Department of Health and Human Services

**Contact:**

NIDA  
National Institutes of Health  
6001 Executive Boulevard, Room 5213  
Bethesda, MD 20892-9561  
(301) 443-1124

**Availability:**

Rounds 1–3 public use files are available for download at <http://archives.drugabuse.gov/initiatives/westat/#data>. Instructions for accessing the restricted use data sets can be found at <http://www.icpsr.umich.edu/icpsrweb/NAHDAP/studies/27868>.

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**Overview:**

NSPY was designed to evaluate the impact of Phase III of the National Youth Anti-Drug Media Campaign on reducing youth drug use. The media campaign is part of an effort by the Office of National Drug Control Policy to stop drug use before it starts. The evaluation has four objectives: (1) to measure changes in drug-related beliefs, attitudes, and behaviors in children and their parents; (2) to assess the relationship of these changes and their associations with self-reported measures of media exposure; (3) to assess the association between drug-related beliefs, attitudes, and behaviors of parents and those of their children; and (4) to assess changes in the association between drug-related beliefs, attitudes, and behaviors of parents and those of their children that may be related to the media campaign.

**Survey Design/Methodology:**

NSPY is a national household-based survey of youth ages 9–18 and parents from the same household. The survey employs a panel design with four rounds of data collection. Round 1 of the NSPY was the recruitment phase of the study. It consisted of three cross-sectional survey periods lasting about 6 months each. Rounds 2 through 4 were the follow-up phases of the study. Youth and their parents were selected through a multistage, dual-frame probability sample design.

**Sample Characteristics:**

The samples were selected from youth living in all types of residential housing units, excluding youth living in institutions, group homes, or dormitories. In Round 1, approximately 8,100 youth and 5,600 parents were interviewed. In Round 2,

approximately 6,500 youth and 4,600 parents were interviewed. In Round 3, approximately 5,850 youth and 4,250 parents were interviewed. In Round 4, approximately 4,850 youth and 3,600 parents were interviewed.

**Alcohol Variables:**

Alcohol questions for youth ages 9–18 included lifetime use, frequency of being drunk in the past year, and discussion of family rules or expectations in the past 6 months. In addition, youth ages 12–18 were asked about the frequency of having 5 or more drinks in a row over the past 30 days.

**Other Variables:**

Demographic variables include age, marital status, education, race/ethnicity, family income, child's education, and average grade in school. Other substance-use variables pertain to cigarettes, marijuana, ecstasy, and inhalants. Additional questions involve the child's antidrug attitudes and beliefs, self-efficacy to refuse drugs, and communications with parents. The public use data sets also contain two exposure indices to antidrug media messages, three outcome indices of media campaign effects, and a risk-score index of marijuana use.

**Restricted Data:**

To reduce disclosure risk, certain alcohol variables are suppressed from the public-use data sets, including age at first use and most recent use. Parental interview data generally are not available for public use, with the exception of a few demographics and child communication questions. Identifiers linking data of specific individuals across rounds are also restricted to the public.

## National Violent Death Reporting System (NVDRS)—2003–2014, Annually

### **Sponsoring Agency:**

Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

National Center for Injury Prevention and Control  
Centers for Disease Control and Prevention  
4770 Buford Hwy, NE, MS F-63  
Atlanta, GA 30341-3717  
1-800-232-4636  
[nvdrs-rad@cdc.gov](mailto:nvdrs-rad@cdc.gov)  
<http://www.cdc.gov/ViolencePrevention/NVDRS/>

### **Availability:**

NVDRS public use data are available for 2003–2005 at <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/217>. Limited online analysis of data is available at: <https://wisqars.cdc.gov:8443/nvdrs/nvdrsDisplay.jsp>. More detailed variables are included in restricted access data (RAD). Information on access requirements for RAD is available at <http://www.cdc.gov/ViolencePrevention/NVDRS/RAD.html>.

### **Overview:**

NVDRS is a state-based surveillance system that links data on violent deaths from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories. The main objective of NVDRS is to assist in the prevention of violent deaths in the U.S. by providing systematically and routinely collected, accurate, timely, and comprehensive data for prevention program development. NVDRS's five main goals are to (1) collect and analyze timely, comprehensive data for monitoring the magnitude and characteristics of violent deaths at the national, state, and local levels; (2) ensure that violent death data are routinely and expeditiously disseminated to public health officials, law enforcement officials, policy makers, and the public; (3) track and facilitate the use of NVDRS data for researching, developing, implementing, and evaluating strategies, programs, and policies designed to prevent violent deaths and injuries at the national, state, and local levels; (4) build and strengthen partnerships with organizations and communities at the national, state, and local levels to ensure that data collected are used to prevent violent deaths and injuries; and (5) expand NVDRS in all 50 states, the District of Columbia (DC), and U.S. territories.

### **Survey Design/Methodology:**

NVDRS is a population-based, active surveillance system that provides a census of violent deaths that occur among both residents and nonresidents of funded U.S. states. In 2016, funding expanded to 40 states, DC, and Puerto Rico. The CDC

receives information about violent deaths from the health departments of participating states. Cases consist of violent deaths with the following underlying causes (recorded in ICD codes): child maltreatment, suicide, homicide, undetermined intent, legal intervention, and unintentional firearm injury. Related fatal injuries involving multiple victims that occur within 24 hours of each other are linked in one incident.

### **Sample Characteristics:**

The data include all violent deaths occurring in funded states and therefore are not nationally representative. Data years and the number of states participating are listed as follows: 2003 (7 states), 2004 (13 states), 2005–2009 (17 states), and 2010–2013 (19 states), and 2014 (32 states).

### **Alcohol Variables:**

The data set includes information on whether alcohol use by the victim was suspected, whether alcohol tests were conducted, the results of blood alcohol concentration tests, treatment utilization prior to death, and any possible alcohol problems preceding deaths for those who died of suicide or undetermined intents.

### **Other Variables:**

NVDRS collects detailed information on victims and offenders, including demographics, toxicology testing and test results for substance use, manner of deaths, mechanism of injury, relationship of victim to offender, location of the incident (at home or work), date and location of the incident, type of incident, type of weapon, and circumstances

of the death. The circumstances of suicides and deaths of undetermined intent relate to mental health history and status, including

whether the person disclosed intent to die by suicide, and other precipitating factors.

**The Pregnancy Risk Assessment Monitoring System (PRAMS)—Phase I (1988–1989), Phase II (1990–1995), Phase III (1996–1999), Phase IV (2000–2003), Phase V (2004–2008), Phase VI (2009–2011), Phase VII (2012–2015), and Phase VIII (2016)**

**Sponsoring Agency:**

Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

**Contact:**

National Center for Chronic Disease Prevention and Health Promotion  
Centers for Disease Control and Prevention  
1600 Clifton Rd.  
Atlanta, GA 30333  
1-800-232-4636  
<http://www.cdc.gov/PRAMS/>

**Availability:**

Information on obtaining data can be found at <http://www.cdc.gov/prams/Researchers.htm>. Data available for release by the CDC includes years 1988–2014.

**Overview:**

PRAMS is a surveillance system of CDC and state health departments. It collects state-specific, population-based data on maternal attitudes, behaviors, and experiences that occur several months before conception, during pregnancy, and immediately following delivery. The annual data sets include data from three sources: questionnaire data containing responses from mothers to the survey questionnaire; birth certificate data containing information on selected maternal characteristics (e.g., race, ethnicity, age) and pregnancy outcomes (e.g., birth weight, gestational age); and operations data generated by the PRAMS operational software, which include details about how the questionnaire was administered and are used primarily for operational evaluations and analyses of survey methods.

**Survey Design/Methodology:**

Each month, mothers who are state residents and have recently delivered a live-born infant during the preceding 2–4 months are randomly selected from a file of birth certificate records using stratified systematic sampling. Mothers who gave birth outside their state of residence and mothers who had a multiple birth greater than three gestations are excluded from the sampling frame. Selected mothers are mailed a questionnaire, with telephone interview follow-up for nonrespondents. The questionnaire is also available in Spanish.

The PRAMS questionnaire has three parts: a core that all states use; a bank of standardized optional questions that states may select from; and state-developed questions that are usually used only by the state that developed them. With each revision or new phase of the questionnaire, some of the questions change. However, most indicators can be compared across phases.

**Sample Characteristics:**

Forty-seven states, New York City, Puerto Rico, the District of Columbia, and the Great Plains Tribal Chairmen's Health Board (GPTCHB) currently participate in Phase VIII of PRAMS, representing approximately 83% of all U.S. live births. Each participating state samples between 1,300 and 3,400 women per year.

**Alcohol Variables:**

The core questionnaire gathers data on the frequency of drinking and binge drinking before and during pregnancy and the education received from healthcare professionals regarding the effects of drinking on pregnancy.

**Other Variables:**

In addition to demographic information, other variables include information on birth control usage, prenatal care, health problems experienced during pregnancy, tobacco use before and during pregnancy, stressful life events during pregnancy, incidence of domestic violence, information on the health of the newborn, breastfeeding practices, and use of healthcare and insurance.

## Survey of Inmates in Local Jails—1972, 1978, 1983, 1989, 1996, and 2002

**Sponsoring Agency:**

Bureau of Justice Statistics (BJS), U.S. Department of Justice

**Contact:**

National Archive of Criminal Justice Data (NACJD)

P.O. Box 1248

Ann Arbor, MI 48106-1248

(734) 647-5000 or 1-800-999-0960

<http://www.icpsr.umich.edu/icpsrweb/NACJD/>

**Availability:**

Data files are available for download from and information on accessing the restricted data can be found at <http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/69/studies?archive=ICPSR&sortBy=7>.

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**Overview:**

This survey was designed to provide nationally representative data on the characteristics of inmates in local jails (e.g., personal and family characteristics, past alcohol and drug use, history of physical and sexual abuse, reason for incarceration, length of sentences, and behavioral attributes) for persons held before trial and on those convicted offenders serving sentences in local jails or awaiting transfer to state prisons. The survey was conducted by the U.S. Census Bureau for the Department of Justice.

**Survey Design/Methodology:**

The 2002 sample was selected from 3,365 institutions listed in the 1999 Census of Jails and jails opened after the census but before the spring of 2002. The sample design used a stratified two-stage selection. In the first stage, six strata were formed based on the size of the male, female, and juvenile inmate population in each jail. All jails in strata 1 and 2 (jails with only females, and jails with more than 1,000 males and/or 50 females) were selected. The survey questionnaire is

administered with computer-assisted personal interviewing (CAPI).

**Sample Characteristics:**

Approximately 6,982 inmates from 417 randomly selected local jails were interviewed in the 2002 survey.

**Alcohol Variables:**

Alcohol variables include alcohol use at the time of commission of crimes, prior alcohol use by inmates, treatment for alcohol or drug problems, parental abuse of alcohol, onset of use, and indicators for severity of alcohol or drug problems.

**Other Variables:**

Sociodemographic variables include sex, ethnicity, date of birth, marital status, education, language background, and other socioeconomic characteristics. Criminality variables include criminal history, current offense, sentence length, drug use related to offense, and income history before incarceration. Health variables include drug history, drug treatment in jail, health care in jail, and current health problems.

## Survey of Inmates in State and Federal Correctional Facilities—1974, 1979, 1986, 1991, 1997, and 2004

**Sponsoring Agency:**

Bureau of Justice Statistics (BJS), U.S. Department of Justice

**Contact:**

National Archive of Criminal Justice Data (NACJD)

P.O. Box 1248

Ann Arbor, MI 48106-1248

(734) 647-5000 or 1-800-999-0960

<http://www.icpsr.umich.edu/icpsrweb/NACJD/>

**Availability:**

Data files are available for download from and information on accessing the restricted data can be found at <http://www.icpsr.umich.edu/icpsrweb/NACJD/series/70/studies?sortBy=7>.

**Overview:**

This survey is designed to provide nationally representative data on the characteristics of state prison inmates and sentenced Federal inmates held in federally owned and operated facilities. The survey is conducted by the U.S. Census Bureau for the U.S. Department of Justice and collects information on current offenses and sentences; criminal history; family background and personal characteristics; prior drug and alcohol use and treatment programs; gun possession and use; and prison activities, programs, and services. Prior surveys of state prison inmates, called the Survey of Inmates of State Correctional Facilities, were conducted in 1974, 1979, 1986 and 1991. Sentenced Federal prison inmates were first interviewed in 1991, and the Federal data are combined with the state data in the 1991 and 1997 surveys.

**Survey Design/Methodology:**

The survey used a stratified, two-stage selection process. In the first stage, correctional facilities were separated into two sampling frames, and a systematic sample of facilities was selected within strata on each frame with probabilities proportional to the size of each facility. In the second stage, interviewers visited each selected facility and systematically selected a sample of male and female inmates using predetermined procedures.

**Sample Characteristics:**

The survey sample is selected from correctional facilities using a stratified, two-stage selection

divided into male/female facilities, census region, and facility type. The 1974 survey included about 10,000 inmates and the 1979 and 1986 surveys included 11,397 and 13,711 inmates, respectively. The 1991 survey included a total of 20,558 inmates from 277 prisons and 53 Federal facilities, and the 1997 survey included a total of 18,326 inmates. The 2004 survey included 18,185 inmates from 287 prisons and 39 Federal facilities.

**Alcohol Variables:**

Alcohol variables include the following: overall frequency of drinking in the year before arrest, whether drinking occurs on a regular basis, age when first began drinking regularly, self-perception of degree of drunkenness reached at end of a typical drinking session, and treatment history.

**Other Variables:**

Other variables include the following: age, sex, race/ethnicity, marital status, education, family background, income in year before offense, employment in year before offense, current offense, number of prior convictions, use of drugs/alcohol, drug-related crime, gang membership, use of weapons, and needle sharing. Data on military service, prison activities, and involvement in programs and services are also collected.

## Youth Risk Behavior Survey (YRBS)—1991–2015 (High School), Biennially, 1998 (Alternative High School), 1995 (College), and 1992 (NHIS)

### **Sponsoring Agency:**

Division of Adolescent and School Health, National Center for Chronic Disease Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

### **Contact:**

Division of Adolescent and School Health  
National Center for Chronic Disease Prevention and Health Promotion  
CDC  
4770 Buford Highway, NE, Mail Stop K-40  
Atlanta, GA 30341-3717  
1-800-232-4636  
<https://www.cdc.gov/healthyouth/data/yrbs/contact.htm>

### **Availability:**

Data files are available for download from <https://www.cdc.gov/healthyouth/data/yrbs/data.htm>.

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### **Overview:**

The Youth Risk Behavior Surveillance System (YRBSS) was established by the CDC to monitor health-risk behaviors among youth and to assess trends in such behaviors over time. YRBS is one component of the YRBSS. YRBS measures youth risk behaviors in six risk areas: (1) behaviors that contribute to unintentional injuries and violence, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection, (5) unhealthy dietary behaviors, and (6) physical inactivity. Since 1991, data have been collected biennially, and the latest available survey data are for 2015. The 1992 YRBS was a supplement of the 1992 NHIS (see page 42). The 1998 National Alternative High School Youth Risk Behavior Survey was conducted to measure selected health-risk behaviors among a nationally representative sample of students in grades 9–12 attending alternative high schools.

### **Survey Design/Methodology:**

The YRBSS includes national, state, territorial, Tribal government, and local school-based surveys using representative samples of 9th through 12th grade students. The national survey is conducted by the CDC, while the additional surveys are conducted by departments of health and education and are representative of mostly public high school students in each jurisdiction. The national YRBS uses a three-stage cluster sample design to produce a nationally representative sample of high school students in the United States. The

sampling frame includes primary sampling units (PSUs) consisting of large-sized counties or groups of smaller, adjacent counties from which schools are selected. One or two entire classes in each chosen school and in each of grades 9–12 are then randomly selected. The state, territorial, Tribal government, and local surveys employ two-stage cluster design in which schools are first selected with probability proportional to school enrollment size. In the second sampling stage, intact classes of a required subject or period are selected randomly. All YRBSS questionnaires are self-administered, and students record their responses on a computer-scannable answer sheet.

### **Sample Characteristics:**

YRBS uses national, school-based samples of 11,000 to 16,000 students in the 9th through 12th grades. For the 2015 national YRBS, 15,713 questionnaires were completed in 125 public and private schools. Black and Hispanic high school students were oversampled. YRBS is not designed to represent individual states, so performing state-level analyses is not recommended.

### **Alcohol Variables:**

Alcohol questions include age at first drink, lifetime drinking, frequency and quantity of alcohol consumption in the past 30 days, and frequency of having 5+ drinks on one or more occasions in the past 30 days. Any drinking and driving, riding with a driver who had been drinking, and alcohol use prior to sexual intercourse within the past 30 days are also assessed. From 1991–2011, the use of alcohol

on school property within the past 30 days was measured. A variable was added in 2007 that asks participants how they usually obtained the alcohol they drank in the last 30 days.

**Other Variables:**

Other variables include the following: age; sex;

race; grade in school; geographic region; metropolitan status; seatbelt and helmet use; physical fighting and carrying weapons; suicide attempts; tobacco use; use of marijuana, cocaine, steroids, or other illegal drugs; HIV awareness; sexual activity; diet; and physical activity.



# **Section 3:**

## **AEDS Publications and Products**



AEDS produces a variety of publications based on epidemiologic research. These publications are described below, along with availability information on the most current reports.

## Data Reference Manuals

This series of manuals provides extensive coverage of data on alcohol consumption, alcohol use disorders, drinking patterns, drinking-related risk behavior, and alcohol-related morbidity and mortality.

*U.S. Alcohol Epidemiologic Data Reference Manual, Volume 10, Alcohol Use and Alcohol Use Disorders in the United States: Main Findings from the 2012–2013 National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III)*. April 2016. NIH Publication No. 16-AA-8020.

*U.S. Alcohol Epidemiologic Data Reference Manual, Volume 9, Alcohol-Related Emergency Department Visits and Hospitalizations and Their Co-Occurring Drug-Related, Mental Health, and Injury Conditions in the United States: Findings from the 2006–2010 National Emergency Department Sample (NEDS) and Nationwide Inpatient Sample (NIS)*. September 2013. NIH Publication No. 13-8000.

*U.S. Alcohol Epidemiologic Data Reference Manual, Volume 8, Number 2, Alcohol Use and Alcohol Use Disorders in the United States, A 3-Year Follow-Up: Main Findings from the 2004–2005 Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)*. September 2010. NIH Publication No. 10-7677.

*U.S. Alcohol Epidemiologic Data Reference Manual, Volume 8, Number 1, Alcohol Use and Alcohol Use Disorders in the United States: Main Findings from the 2001–2002 National Epidemiologic Survey on Alcohol and Related Conditions (NESARC)*. January 2006. NIH Publication No. 05-5737.

*U.S. Alcohol Epidemiologic Data Reference Manual. Volume 7, State Trends in Drinking Behaviors, 1984–2001*. June 2003. NIH Publication No. 02-5213.

*U.S. Alcohol Epidemiologic Data Reference Manual. Volume 6, First Edition: Drinking in the United States: Main Findings from the 1992 National Longitudinal Alcohol Epidemiologic Survey (NLAES)*. November 1998. NIH Publication No. 99-3519.

*U.S. Alcohol Epidemiologic Data Reference Manual. Volume 5, First Edition: State Trends in Alcohol-Related Mortality, 1979–92*. September 1996. NIH Publication No. 96-4174.

*U.S. Alcohol Epidemiologic Data Reference Manual. Volume 3, Fourth Edition: County Alcohol Problem Indicators, 1986–1990*. July 1994. NIH Publication No. 94-3747.

*U.S. Alcohol Epidemiologic Data Reference Manual. Volume 1, Fourth Edition: U.S. Apparent Consumption of Alcoholic Beverages based on State Sales, Taxation, or Receipt Data*. June 2004. NIH Publication No. 04-5563.

*Alcohol Consumption and Problems in the General Population: Findings From the 1992 National Longitudinal Alcohol Epidemiologic Survey*. June 2002. NIH Publication No. 02-4997.

Most of these data reference manuals can be ordered by mail, phone, fax, or from the NIAAA website:

NIAAA  
P.O. Box 10686  
Rockville, MD 20849-0686  
Phone: (703) 312-5220, Ext. 292  
Fax: (703) 312-5230  
<http://pubs.niaaa.nih.gov/publications/manual.htm>

Electronic copies are available for some of these manuals at the above Web page.

## AEDS Surveillance Reports

AEDS prepares surveillance reports that monitor long-term trends in alcohol use and its consequences. Surveillance topics include per capita alcohol consumption, alcohol-related traffic crashes, hospital discharges for alcohol-related conditions, underage drinking, substance use among reproductive age females, and liver cirrhosis mortality. The most current issues are listed below:

*Surveillance Report #108: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–2015.* Haughwout, S.P.; Slater, M.E. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, April 2017.

*Surveillance Report #107: Trends in Underage Drinking in the United States, 1991-2015.* Chen, C.M.; Yoon, Y.H.; Faden, V.B. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, January 2017.

*Surveillance Report #106: Trends in Alcohol-Related Morbidity Among Community Hospital Discharges, United States, 2000–2014.* Chen, C.M.; Yoon, Y-H. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, January 2017.

*Surveillance Report #105: Liver Cirrhosis Mortality in the United States: National, State, and Regional Trends, 2000–2013.* Yoon, Y-H.; Chen, C.M. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, October 2016.

*Surveillance Report #103: Trends in Substance Use Among Reproductive-Age Females in the United States, 2002–2013.* Slater, M.E.; Haughwout, S.P.; Castle, I-J.P. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, September 2015.

*Surveillance Report #76: Trends in Alcohol-Related Fatal Traffic Crashes, United States, 1977–2004.* Yi, H.; Chen, C.M.; Williams, G.D. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, August 2006.

Full text is available on the NIAAA website: <http://pubs.niaaa.nih.gov/publications/surveillance.htm>.

## APPENDIX: LIST OF ACRONYMS

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<b>ADAM</b>	Arrestee Drug Abuse Monitoring
<b>AEDS</b>	Alcohol Epidemiologic Data System
<b>ADSS</b>	Alcohol and Drug Services Study
<b>Add Health</b>	National Longitudinal Study on Adolescent to Adult Health
<b>AHRQ</b>	Agency for Health Care Research and Quality
<b>AUDIT</b>	Alcohol Use Disorders Identification Test
<b>BAC</b>	Blood Alcohol Concentration
<b>BJS</b>	Bureau of Justice Statistics
<b>BRFSS</b>	Behavioral Risk Factors Surveillance System
<b>CAS</b>	College Alcohol Study
<b>CDC</b>	Centers for Disease Control and Prevention
<b>CIRP</b>	Cooperative Institutional Research Program
<b>COGA</b>	Collaborative Studies on Genetics of Alcoholism
<b>CSS</b>	College Senior Survey
<b>DAWN</b>	Drug Abuse Warning Network
<b>DOT</b>	Department of Transportation
<b>DRG</b>	Diagnostic Related Groups
<b>DSM</b>	Diagnostic and Statistical Manual
<b>DSRS</b>	Drug Services Research Survey
<b>DWI</b>	Driving While Intoxicated
<b>DUI</b>	Driving Under the Influence
<b>FARS</b>	Fatality Analysis Reporting System (formerly Fatal Accident Reporting System)
<b>GES</b>	General Estimates System
<b>HCC</b>	Healthcare for Communities
<b>HCUP</b>	Health Care Cost and Utilization Project
<b>HPDP</b>	Health Prevention Disease Promotion Supplement of NHIS
<b>HHS</b>	Department of Health and Human Services
<b>HRS</b>	Health and Retirement Study: A Longitudinal Study of Health, Retirement, and Aging
<b>ICD-9</b>	International Classification of Diseases, Ninth Revision [mortality]
<b>ICD-9-CM</b>	International Classification of Diseases, Ninth Revision, Clinical Modification [morbidity]
<b>ICD-10</b>	International Classification of Diseases, Tenth Revision [mortality]
<b>ICPSR</b>	Inter-university Consortium for Political and Social Research
<b>MCD</b>	Multiple Cause of Death
<b>MD</b>	Mortality Detail
<b>MTF</b>	Monitoring the Future
<b>NACJD</b>	National Archive of Criminal Justice Data
<b>NAMCS</b>	National Ambulatory Medical Care Survey
<b>NAS</b>	National Alcohol Survey
<b>NCANDS</b>	National Child Abuse and Neglect Data System
<b>NCES</b>	National Center for Education Statistics
<b>NCHS</b>	National Center for Health Statistics

<b>NCS</b>	National Comorbidity Survey
<b>NCS-R</b>	National Comorbidity Survey Replication
<b>NCVS</b>	National Crime Victimization Survey
<b>NDATUS</b>	National Drug and Alcoholism Treatment Unit Survey
<b>NELS</b>	National Education Longitudinal Study
<b>NESARC</b>	National Epidemiologic Survey on Alcohol and Related Conditions
<b>NHAMCS</b>	National Hospital Ambulatory Medical Care Survey
<b>NHANES</b>	National Health and Nutrition Examination Survey
<b>NHDS</b>	National Hospital Discharge Survey
<b>NHEFS</b>	National Health and Nutrition Examination Survey I—Epidemiologic Follow-up Study
<b>NHIS</b>	National Health Interview Survey
<b>NHSDA</b>	National Household Survey on Drug Abuse
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NICHD</b>	National Institute of Child Health and Human Development
<b>NIDA</b>	National Institute on Drug Abuse
<b>NIH</b>	National Institutes of Health
<b>NIMH</b>	National Institute of Mental Health
<b>NIS</b>	National Inpatient Sample
<b>NLAAS</b>	National Latino and Asian American Study
<b>NLSY</b>	National Longitudinal Survey of Youth
<b>NSBA</b>	National Survey of Black Americans
<b>NSDUH</b>	National Survey of Drug Use and Health
<b>NSFG</b>	National Survey of Family Growth
<b>NSFH</b>	National Survey of Families and Households
<b>NSPY</b>	National Survey of Parents and Youth
<b>N-SSATS</b>	National Survey of Substance Abuse Treatment Services
<b>NTIES</b>	National Treatment Improvement Evaluation Study
<b>NVDRS</b>	National Violent Death Reporting System
<b>PRAMS</b>	Pregnancy Risk Assessment Monitoring System
<b>PSID</b>	Panel Study of Income Dynamics
<b>PSU</b>	Primary Sampling Unit
<b>QF</b>	Quantity–Frequency
<b>SAMHDA</b>	Substance Abuse and Mental Health Data Archive
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration
<b>SMSA</b>	Standard Metropolitan Statistical Area
<b>SROS</b>	Services Research Outcomes Study
<b>TEDS</b>	Treatment Episode Data Set
<b>TFS</b>	CIRP Freshman Survey
<b>UFDS</b>	Uniform Facility Data Set
<b>YRBS</b>	Youth Risk Behavior Survey
<b>YRBSS</b>	Youth Risk Behavior Surveillance System