Appendix A. Selected Questionnaire Pages (2000 NHSDA)

Selected Demographic and Adult Mental Health Service Utilization Questions from the 2000 National Household Survey on Drug Abuse: Specifications for Programming

Core Demographics

LANG INTERVIEWER: SELECT THE LANGUAGE TO BE USED IN THIS INTERVIEW.

1 ENGLISH
2 SPANISH
3 MULTIMEDIA LANGUAGE

NHSDA CAI Instrument Version X.x
OMB Number: 0930-0110
Expiration Date: 1/31/01

NOTE1 INTERVIEWER: DO NOT READ ALOUD UNLESS RESPONDENT QUESTIONS THE BURDEN ASSOCIATED WITH THIS INTERVIEW.

NOTICE: Public reporting for this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to SAMHSA Reports Clearance Officer, Paperwork Reduction Project (0930-0110); Room 16-105; Parklawn Building; 5600 Fishers Lane; Rockville, MD 20857. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The OMB control number for this project is 0930-0110.

REMINDFI INTERVIEWER: IF YOU HAVE NOT FULLY INFORMED THIS RESPONDENT ABOUT WHAT PARTICIPATION IN THIS STUDY ENTAILS, REFER TO THE INFORMATION IN YOUR SHOWCARD BOOKLET. WHEN RESPONDENT IS FULLY INFORMED, CONTINUE WITH THE INTERVIEW.

PRESS [ENTER] TO CONTINUE.

AGE1 What is your date of birth?

ENTER MM-DD-YYYY

DEFINE CALCAGE:
CALCAGE = AGE CALCULATED BY "SUBTRACTING" DATE OF BIRTH FROM DATE OF INTERVIEW.

CONFIRM That would make you [CALCAGE] years old. Is this correct?

1 YES
2 NO
DK/REF

HARD ERROR: [IF CONFIRM = 2] INTERVIEWER: PRESS [ENTER] TO CLOSE THIS BOX AND THEN PRESS THE [F9] KEY ONCE TO BACKUP TO THE SCREEN LABELED AGE1 AND CORRECT THE RESPONDENT'S DATE OF BIRTH.

UNDER12 [IF CONFIRM = 1 OR DK/REF AND CALCAGE < 12] Since you are [CALCAGE] years old, we cannot interview you for this study. Thank you for your cooperation. *PROGRAM SHOULD ROUTE TO ENDAUDIO*

DKREFAGE [IF (CALCAGE IS 12 OR OLDER AND CONFIRM = DK/REF) OR AGE1 = DK/REF] For this study it is very important that I collect your correct age so that you will be asked the right questions. Could you please tell me your correct age?

AGE: ___ [RANGE: 1 - 110]
DK/REF

IF DKREFAGE NOT (BLANK OR DK/REF) THEN CALCAGE = DKREFAGE

UNDER12b [IF DKREFAGE < 12] Since you are [CALCAGE] years old, we cannot interview you for this study. Thank you for your cooperation. *PROGRAM SHOULD ROUTE TO ENDAUDIO*

LASTCHANCE [IF DKREFAGE = DK/REF] Since I am not certain what your age is, I cannot interview you for this study. Thank you for your cooperation. *PROGRAM SHOULD ROUTE TO ENDAUDIO*

DEFINE CURNTAGE:
IF CALCAGE > 11 AND CONFIRM = 1, CURNTAGE = CALCAGE
IF CALCAGE > 11 AND CONFIRM = DK/REF AND DKREFAGE > 11, CURNTAGE = DKREFAGE
IF AGE1 = DK/REF AND DKREFAGE > 11, CURNTAGE = DKREFAGE
ELSE RESPONDENT IS INELIGIBLE; ROUTE TO ENDAUDIO

FIPE1 INTERVIEWER: WERE 2 PERSONS SELECTED FOR AN INTERVIEW AT THIS SDU?

1 YES
2 NO

FIPE2 [IF FIPE1 = 1 AND CURNTAGE = 18 OR OLDER] INTERVIEWER: WAS A 12 - 17 YEAR OLD CHILD SELECTED FOR AN INTERVIEW AT THIS SDU?

1 YES
2 NO

FIPE3 [IF FIPE2 = 1 OR (FIPE1 = 1 AND CURNTAGE = 12 - 17)] INTERVIEWER: IS **THIS** RESPONDENT THE PARENT OR LEGAL GUARDIAN OF THE 12 - 17 YEAR OLD CHILD WHO WAS SELECTED FOR AN INTERVIEW? (VERIFY THIS WITH THE RESPONDENT IF YOU ARE UNSURE.)

1 YES
2 NO

NOTE: IF FIPE3 = 1, SET THE FLAG TO ADMINISTER THE PARENTING EXPERIENCES MODULE DURING ACASI.

QD01 The first questions are for statistical purposes only, to help us analyze the results of the study.

INTERVIEWER: RECORD RESPONDENT'S SEX.

5 MALE
9 FEMALE
DK/REF

QD03 Are you of Hispanic, Latino, or Spanish origin or descent?

1 YES
2 NO
DK/REF

QD04 [IF QD03 = 1] HAND R SHOWCARD 1. Which of these Hispanic, Latino, or Spanish groups best describes you? Just give me the number or numbers from the card.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

1 MEXICAN / MEXICAN AMERICAN / MEXICANO / CHICANO
2 PUERTO RICAN
3 CENTRAL OR SOUTH AMERICAN
4 CUBAN / CUBAN AMERICAN
5 OTHER (SPECIFY)
DK/REF

QDO4OTHR [IF QD04 = 5] SPECIFY OTHER HISPANIC COUNTRY OR ORIGIN

_____

QD05 HAND R SHOWCARD 2. Which of these groups describes you? Just give me the number or numbers from the card.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

RESPONDENTS WHO REPORT THEIR RACE AS NATIVE AMERICAN SHOULD BE INCLUDED IN RESPONSE CATEGORY 3.

1 WHITE
2 BLACK / AFRICAN AMERICAN
3 AMERICAN INDIAN OR ALASKA NATIVE
4 NATIVE HAWAIIAN
5 OTHER PACIFIC ISLANDER
6 ASIAN (FOR EXAMPLE: ASIAN INDIAN, CHINESE, FILIPINO, JAPANESE, KOREAN, AND VIETNAMESE)
7 OTHER (SPECIFY)
DK/REF

QD05ASIA [IF QD05 = 6] HAND R SHOWCARD 3. Which of these Asian groups best describes you? Just give me the number or numbers from the card.

TO SELECT MORE THAN ONE CATEGORY, PRESS THE SPACE BAR BETWEEN EACH CATEGORY YOU SELECT.

1 ASIAN INDIAN
2 CHINESE
3 FILIPINO
4 JAPANESE
5 KOREAN
6 VIETNAMESE
7 OTHER (SPECIFY)
DK/REF

OTHASIA [IF QD05ASIA = 7] SPECIFY OTHER ASIAN GROUP

OTHER ASIAN GROUP: _____
DK/REF

QD05OTHR [IF QD05 = 7] SPECIFY OTHER RACIAL GROUP

OTHER RACIAL GROUP: _____

DEFINE RACEFILL:

RACEFILL = RESPONSES GIVEN IN QD05 AND QD05ASIA AND TEXT FROM QD05OTHR AND OTHASIA IF APPLICABLE

[Responses should appear in regular case and be separated by commas. The last response should be preceded by the word "or." For example, if a respondent selects categories 1, 3, and 6 in QD05, and QD05ASIA = 1, RACEFILL should be: "White, American Indian or Alaskan Native, or Chinese"]

QD06 [IF MORE THAN ONE RESPONSE SELECTED IN QD05] Which **one** of these groups, that is [RACEFILL], **best** describes you?

SELECT ONLY **ONE** ANSWER.

1 WHITE
2 BLACK / AFRICAN AMERICAN
3 AMERICAN INDIAN OR ALASKA NATIVE
4 NATIVE HAWAIIAN
5 OTHER PACIFIC ISLANDER
6 ASIAN INDIAN
7 CHINESE
8 JAPANESE
9 FILIPINO
10 KOREAN
11 VIETNAMESE
12 OTHER ASIAN
13 IF QD05 = 7, FILL TEXT FROM QD05OTHR
IF QD05 NE 7 FILL WITH "OTHER (SPECIFY)"
14 IF QD05ASIA = 7, FILL TEXT FROM OTHASIA
IF QD05ASIA = BLANK, FILL WITH "NOT APPLICABLE"
DK/REF

[NOTE: ONLY CODES FOR RESPONSE CATEGORIES ENTERED IN QD05 OR QD05OTH OR QD05ASIA OR OTHASIA WILL BE ACTIVE FOR THIS QUESTION. IF THE INTERVIEW ENTERS AN INACTIVE RESPONSE CATEGORY, THE RANGE ERROR BOX WILL APPEAR.]

QD07 [IF CURNTAGE = 15 OR OLDER] Are you now married, widowed, divorced or separated, or have you never married?

1 MARRIED
2 WIDOWED
3 DIVORCED OR SEPARATED
4 NEVER MARRIED
DK/REF

INTERVIEWER NOTE:
If the respondent is divorced but currently remarried, code as married. By "divorce" we mean a legal cancellation or annulment of a marriage. By "separated" we mean legally or informally separating due to marital discord.

QD08 [IF QDO7 = 1 OR 2 OR 3] How many times have you been married?

NUMBER OF TIMES: _____ [RANGE: 1 - 9]
DK/REF

QD09 [IF CURNTAGE = 17 OR OLDER] Have you ever been in the United States' armed forces?

1 YES
2 NO
DK/REF

QD10 [IF QD09 = 1 OR DK/REF] Are you **currently** on **active** duty in the armed forces, in a reserves component, or now separated or retired from either reserves or active duty?

1 ON ACTIVE DUTY IN THE ARMED FORCES
2 IN A RESERVES COMPONENT
3 NOW SEPARATED OR RETIRED FROM EITHER RESERVES OR ACTIVE DUTY
DK/REF

MILTERM1 [IF QD10 = 1] I need to verify what I just entered into the computer. You said you are **currently** on active duty in the armed forces. Is that correct?

1 YES
2 NO
DK/REF

MILCONT [IF MILTERM1 = 2 OR DK/REF] INTERVIEWER: USE THE [F9] KEY TO BACKUP TO THE SCREEN LABELED QD10 AND CORRECT THE RESPONDENT'S CURRENT MILITARY STATUS.

MILTERM2 [IF MILTERM1 = 1] People who are currently on active duty in the armed forces are not eligible to be interviewed in this study. I appreciate you taking the time to speak with me. Thank you.

PRESS [ENTER] TO CONTINUE.
[ROUTE TO ENDAUDIO]

QD11 HAND R SHOWCARD 4. What is the highest grade or year of school you have **completed**?

Please tell me the number from the card.

INCLUDE JUNIOR OR COMMUNITY COLLEGE ATTENDANCE; DO NOT INCLUDE TECHNICAL SCHOOLS (BEAUTICIAN, MECHANIC, ETC.).

0 NEVER ATTENDED SCHOOL
1 1ST GRADE COMPLETED
2 2ND GRADE COMPLETED
3 3RD GRADE COMPLETED
4 4TH GRADE COMPLETED
5 5TH GRADE COMPLETED
6 6TH GRADE COMPLETED
7 7TH GRADE COMPLETED
8 8TH GRADE COMPLETED
9 9TH GRADE COMPLETED
10 10TH GRADE COMPLETED
11 11TH GRADE COMPLETED
12 12TH GRADE COMPLETED
13 COLLEGE OR UNIVERSITY / 1ST YEAR COMPLETED
14 COLLEGE OR UNIVERSITY / 2ND YEAR COMPLETED
15 COLLEGE OR UNIVERSITY / 3RD YEAR COMPLETED
16 COLLEGE OR UNIVERSITY / 4TH YEAR COMPLETED
17 COLLEGE OR UNIVERSITY / 5TH OR HIGHER YEAR COMPLETED
DK/REF

QD12 This question is about your overall health. Would you say your health in general is excellent, very good, good, fair, or poor?

1 EXCELLENT
2 VERY GOOD
3 GOOD
4 FAIR
5 POOR
DK/REF

CALENDAR

CALND1 CALENDAR

Throughout the rest of this questionnaire, I will be asking you to answer a number of questions about three specific time periods, namely the past 30 days, the past 12 months, and your lifetime. To help you remember the first two time periods, let's mark this calendar with the beginning dates for each one of them.

SHOW CALENDAR TO RESPONDENT.

Now let's think about the past 30 days. According to the calendar, **DATEFILL** was 30 days ago, so I will write **DATEFILL** here on the calendar. I'll call that your 30-day reference date.

WRITE 30-DAY REFERENCE DATE ON CALENDAR AND CIRCLE DAY; UNDERLINE ENTIRE 30-DAY PERIOD.

A number of questions will ask about the past 12 months, that is since this date last year. Let's look at the calendar and find that date — **DATEFILL**. I'll call that your 12-month reference date.

WRITE 12 MONTH REFERENCE DATE ON CALENDAR AND CIRCLE DAY ON CALENDAR.

Please use this calendar as we go through the interview to help you remember when different things happened. I will remind you to think about your 30-day reference date and your 12-month reference date when I ask you questions.

PRESS [ENTER] TO CONTINUE.

Adult Mental Health Service Utilization

(Questions Administered only to respondents 18 or older)

ADINTRO [IF CURNTAGE = 18 OR OLDER] These next questions are about treatment and counseling for problems with emotions, nerves or mental health. [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

Press [ENTER] to continue.

ADMENT01 [IF CURNTAGE = 18 OR OLDER] During the past 12 months, have you stayed **overnight or longer** in a hospital or other facility to receive treatment or counseling for any problem you were having with your emotions, nerves, or mental health? [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

1 Yes
2 No
DK/REF

ADMENT02 [IF ADMENT01 = 1] Where did you stay **overnight or longer** to receive mental health treatment or counseling during the past 12 months?

To select more than one place, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

1 A private or public psychiatric hospital
2 A psychiatric unit of a general hospital
3 A medical unit of a general hospital
4 Another type of hospital
5 A residential treatment center
6 Some other type of facility
DK/REF

ADMENT03 [IF ADMENT02 = 6] You have indicated that during the past 12 months you stayed **overnight or longer** to receive mental health treatment or counseling at a facility other than those just listed. Please use the keyboard to type in a description of this place. When you have finished, press the [ENTER] key to go to the next question.

_____
DK/REF

ADMENT04 [IF ADMENT02 = 1] During the past 12 months, how many **nights** did you spend in a private or public psychiatric hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT05 [IF ADMENT02 = 2] During the past 12 months, how many **nights** did you spend in the psychiatric unit of a general hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT06 [IF ADMENT02 = 3] During the past 12 months, how many **nights** did you spend in the medical unit of a general hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT07 [IF ADMENT02 = 4] During the past 12 months, how many **nights** did you spend in some other type of hospital for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT08 [IF ADMENT02 = 5] During the past 12 months, how many **nights** did you spend in a residential treatment center for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT09 [IF ADMENT02 = 6] During the past 12 months, how many **nights** did you spend in some other type of facility for mental health care?

OF NIGHTS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT10 [[IF ADMENT02 NE BLANK] Who paid or will pay for the **inpatient** mental health care you received during the past 12 months?

To select more than one answer, press the space bar between each number you type. When you have finished, press [ENTER].

1 Self or a family member living with you
2 A family member who does not live with you
3 Private health insurance
4 Medicare
5 Medicaid
6 Rehabilitation program
7 Employer
8 VA or other military program
9 Other public source
10 Other private source
11 No one paid because the treatment was free
DK/REF

ADMENT11 [IF MORE THAN 1 RESPONSE SELECTED IN ADMENT10 AND ADMENT02 NE DK/REF] Who paid or will pay **most** of the cost for the **inpatient** mental health care you received during the past 12 months?

Please select only one answer from those that are shown in blue below.
[NOTE TO PROGRAMMERS: RESPONSES CHOSEN IN ADMENT10 SHOULD BE SHOWN IN BLUE. HOWEVER DO NOT IMPLEMENT AN ERROR MESSAGE IF THE RESPONDENT SELECTS ONE OF THE OTHER RESPONSES.]

1 Self or a family member living with you
2 A family member who does not live with you
3 Private health insurance
4 Medicare
5 Medicaid
6 Rehabilitation program
7 Employer
8 VA or other military program
9 Other public source
10 Other private source
11 No one paid because the treatment was free
DK/REF

ADMENT12 [IF ADMENT10 = 1 AND ADMENT02 NE DK/REF] How much did you or your family pay for the **inpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

[IF ADMENT10 = 2 AND NE 1 AND ADMENT02 NE DK/REF] How much did your family pay for the **inpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

1 Less than $100
2 $100 to $200
3 $201 to $500
4 $501 to $900
5 $901 to $1,500
6 $1,501 to $2,000
7 $2,001 to $5,000
8 More than $5,000
DK/REF

ADMENT13 [IF CURNTAGE = 18 OR OLDER] The list below includes some of the places where people can get **outpatient** treatment or counseling for problems with their emotions, nerves, or mental health.

During the past 12 months, did you receive any **outpatient** treatment or counseling for any problem you were having with your emotions, nerves, or mental health at any of the places listed below? [IF TX01 = 1 OR DK/REF] Please do not include treatment for alcohol or drug use.

- An outpatient mental health clinic or center
- The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
- A doctor's office that was not part of a clinic
- An outpatient medical clinic
- A partial day hospital or day treatment program
- Some other place

1 Yes
2 No
DK/REF

ADMENT14 [IF ADMENT13 = 1] Where did you receive **outpatient** mental health treatment or counseling during the past 12 months?

To select more than one place, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

1 An outpatient mental health clinic or center
2 The office of a private therapist, psychologist, psychiatrist, social worker, or counselor that was not part of a clinic
3 A doctor's office that was not part of a clinic
4 An outpatient medical clinic
5 A partial day hospital or day treatment program
6 Some other place
DK/REF

ADMENT15 [IF ADMENT14 = 6] You have indicated that during the past 12 months you received **outpatient** mental health treatment or counseling at a place other than those just listed. Please use the keyboard to type in a description of this place. When you have finished, press the [ENTER] key to go to the next question.

_____
DK/REF

ADMENT16 [IF ADMENT14 = 1] During the past 12 months, how many **visits** did you make to an **outpatient** mental health clinic or center for mental health care?

OF VISITS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT17 [IF ADMENT14 = 2] During the past 12 months, how many **outpatient visits** did you make to a private therapist, psychologist, psychiatrist, social worker, or counselor for mental health care?

OF VISITS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT18 [IF ADMENT14 = 3] During the past 12 months, how many **outpatient visits** did you make to a doctor's office for mental health care?

OF VISITS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT19 [IF ADMENT14 = 4] During the past 12 months, how many **outpatient visits** did you make to an outpatient medical clinic for mental health care?

OF VISITS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT20 [IF ADMENT14 = 5] During the past 12 months, how many **outpatient visits** did you make to a partial day hospital or day treatment program for mental health care?

OF VISITS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT21 [IF ADMENT14 = 6] During the past 12 months, how many **outpatient visits** did you make to some other type of facility for mental health care?

OF VISITS: _____ [RANGE: 1 - 365]
DK/REF

ADMENT22 [IF ADMENT14 NE BLANK] Who paid or will pay for the **outpatient** mental health care you received during the past 12 months?

To select more than one answer, press the space bar between each number you type. When you have finished, press the [ENTER] key to go to the next question.

1 Self or a family member living with you
2 A family member who does not live with you
3 Private health insurance
4 Medicare
5 Medicaid
6 Rehabilitation program
7 Employer
8 VA or other military program
9 Other public source
10 Other private source
11 No one paid because the treatment was free
DK/REF

ADMENT23 [IF MORE THAN 1 RESPONSE SELECTED IN ADMENT22 AND ADMENT14 NE DK/REF] Who paid or will pay **most** of the cost for the **outpatient** mental health care you received during the past 12 months?

Please select only one answer from those that are shown in blue below.
[NOTE TO PROGRAMMERS: RESPONSES CHOSEN IN ADMENT22 SHOULD BE SHOWN IN BLUE. HOWEVER DO NOT IMPLEMENT AN ERROR MESSAGE IF THE RESPONDENT SELECTS ONE OF THE OTHER RESPONSES.]

1 Self or a family member living with you
2 A family member who does not live with you
3 Private health insurance
4 Medicare
5 Medicaid
6 Rehabilitation program
7 Employer
8 VA or other military program
9 Other public source
10 Other private source
11 No one paid because the treatment was free
DK/REF

ADMENT24 [IF ADMENT22 = 1 AND ADMENT14 NE DK/REF] How much did you or your family pay for the **outpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

[IF ADMENT22 = 2 AND NE 1 AND ADMENT14 NE DK/REF] How much did your family pay for the **outpatient** mental health care you received during the past 12 months? Do not count any money that has been or will be reimbursed by insurance or any other source.

1 Less than $100
2 $100 to $200
3 $201 to $500
4 $501 to $900
5 $901 to $1,500
6 $1,501 to $2,000
7 $2,001 to $5,000
8 More than $5,000
DK/REF

ADMENT25 [IF CURNTAGE = 18 OR OLDER] During the past 12 months, did you take any **prescription medication** that was prescribed for you to treat a mental or emotional condition?

1 Yes
2 No
DK/REF

ADMENT26 [IF CURNTAGE = 18 OR OLDER] During the past 12 months, was there any time when you **needed** mental health treatment or counseling for yourself but **didn't get it**?

1 Yes
2 No
DK/REF

ADMENT27 [IF ADMENT26 = 1] Was this because you couldn't afford mental health treatment or counseling, or was there some other reason you didn't get the care you needed?

1 Couldn't afford it
2 Some other reason
DK/REF

Appendix B. Description of the Survey

Appendix B. Description of the Survey

This appendix describes the 2001 National Household Survey on Drug Abuse (NHSDA). The 2000 NHSDA used a similar design and is described in Office of Applied Studies (OAS, 2001).

B.1 Sample Design

The 2001 NHSDA sample design was part of a coordinated 5-year sample design that will provide estimates for all 50 States plus the District of Columbia for the years 1999 through 2003. The coordinated design facilitates 50 percent overlap in first-stage units (area segments) between each 2 successive years.

For the 5-year 50-State design, 8 States were designated as large sample States (California, Florida, Illinois, Michigan, New York, Ohio, Pennsylvania, and Texas) with samples large enough to support direct State estimates. Sample sizes in these States ranged from 3,502 to 4,023. For the remaining 42 States and the District of Columbia, smaller, but adequate, samples were selected to support State estimates using small area estimation (SAE) techniques. Sample sizes in these States ranged from 852 to 1,069 in 2001.

States were first stratified into a total of 900 field interviewer (FI) regions (48 regions in each large sample State and 12 regions in each small sample State). These regions were contiguous geographic areas designed to yield the same number of interviews on average. Within FI regions, adjacent census blocks were combined to form the first-stage sampling units, called area segments. A total of 96 segments per FI region were selected with probability proportional to population size in order to support the 5-year sample and any supplemental studies that the Substance Abuse and Mental Health Services Administration (SAMHSA) may choose to field. Eight sample segments per FI region were fielded during the 2001 survey year.

These sampled segments were allocated equally into four separate samples, one for each 3-month period during the year, so that the survey is essentially continuous in the field. In each of these area segments, a listing of all addresses was made, from which a sample of 203,544 addresses was selected. This sample includes a special supplement added in the New York City area in quarter 4 to provide greater precision for any analyses of the effect of the September 11th events. Of the selected addresses, 171,519 were determined to be eligible sample units. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected using an automated screening procedure programmed in a handheld computer carried by the interviewers. The number of sample units completing the screening was 157,471. Youths (aged 12 to 17 years) and young adults (aged 18 to 25 years) were oversampled at this stage. Because of the large sample size associated with this sample, there was no need to oversample racial/ethnic groups, as was done on NHSDA prior to 1999. A total of 89,745 persons were selected nationwide. Consistent with previous NHSDA, the final respondent sample of 68,929 persons was representative of the U.S. general population (since 1991, the civilian, noninstitutionalized population) aged 12 or older. In addition, State samples were representative of their respective State populations. More detailed information on the disposition of the national screening and interview sample can be found in Appendix C.

The survey covers residents of households (living in houses/townhouses, apartments, condominiums, etc.), noninstitutional group quarters (e.g., shelters, rooming/boarding houses, college dormitories, migratory workers' camps, halfway houses), and civilians living on military bases. Although the survey covers these types of units (they are given a nonzero probability of selection), sample sizes of most specific groups are too small to provide separate estimates. Persons excluded from the survey include homeless people who do not use shelters, active military personnel, and residents of institutional group quarters, such as correctional facilities, nursing homes, mental institutions, and long-term hospitals.

To evaluate the effectiveness of respondent incentives in improving response rates in the NHSDA, an experiment was conducted during the first two quarters of the 2001 survey. A randomized, split-sample, experimental design was embedded within 251 of the main study FI regions to compare the impact of $20 and $40 incentive treatments with a $0 control group on measures of respondent cooperation, data quality, survey costs, and population substance use estimates. To control for interviewer effects, the same FIs were required to work all of the control and treatment cases in an FI region whenever possible. A total of 9,600 respondents participated in the experiment, including 4,233 who received $0, 2,489 who received $20, and 2,878 who received $40. All 9,600 respondents were included in the computation of 2001 NHSDA estimates.

B.2 Data Collection Methodology

The data collection method used in the NHSDA involves in-person interviews with sample persons, incorporating procedures that would be likely to increase respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Confidentiality is stressed in all written and oral communications with potential respondents, respondents' names are not collected with the data, and computer-assisted interviewing (CAI) methods, including audio computer-assisted self-interviewing (ACASI), are used to provide a private and confidential setting to complete the interview.

Introductory letters are sent to sampled addresses, followed by an interviewer visit. A 5-minute screening procedure conducted using a handheld computer involves listing all household members along with their basic demographic data. The computer uses the demographic data in a preprogrammed selection algorithm to select 0-2 sample person(s), depending on the composition of the household. This selection process is designed to provide the necessary sample sizes for the specified population age groupings.

Interviewers attempt to immediately conduct the NHSDA interview with each selected person in the household. The interviewer requests the selected respondent to identify a private area in the home away from other household members to conduct the interview. The interview averages about an hour and includes a combination of CAPI (computer-assisted personal interviewing) and ACASI. The interview begins in CAPI mode with the FI reading the questions from the computer screen and entering the respondent's replies into the computer. The interview then transitions to the ACASI mode for the sensitive questions. In this mode, the respondent can read the questions silently on the computer screen and/or listen to the questions read through headphones and enter his or her responses directly into the computer. At the conclusion of the

ACASI section, the interview returns to the CAPI mode with the interviewer completing the questionnaire.

No personal identifying information is captured in the CAI record for the respondent. At the end of the day when an interviewer has completed one or more interviews, he or she transmits the data to RTI in Research Triangle Park, North Carolina, via home telephone lines.

B.3 Data Processing

Interviewers initiate nightly data transmissions of interview data and call records on days when they work. Computers at RTI direct the information to a raw data file that consists of one record for each completed interview. Even though much editing and consistency checking is done by the CAI program during the interview, additional more complex edits and consistency checks are completed at RTI. Cases are retained only if respondents provided data on lifetime use of cigarettes and at least nine other substances. An important aspect of subsequent editing routines involves assignment of codes when respondents legitimately skipped out of questions that definitely did not apply to them (e.g., if respondents never used a drug of interest). For key drug use measures, the editing procedures identify inconsistencies between related variables. Inconsistencies in variables pertaining to the most recent period that respondents used a drug are edited by assigning an "indefinite" period of use (e.g., use at some point in the lifetime, which could mean use in the past 30 days or past 12 months). Inconsistencies in other key drug use variables are edited by assigning missing data codes. These inconsistencies then are resolved through statistical imputation procedures, as discussed below.

B.3.1 Statistical Imputation

For some key variables that still have missing or ambiguous values after editing, statistical imputation is used to replace ambiguous or missing data with appropriate response codes. For example, the response is ambiguous if the editing procedures assigned a respondent's most recent use of a drug to "use at some point in the lifetime," with no definite period within the lifetime. In this case, the imputation procedures assigned a definite value for when the respondent last used the drug (e.g., in the past 30 days, more than 30 days ago but within the past 12 months, more than 12 months ago). Similarly, if the response is completely missing, the imputation procedures replaced missing values with nonmissing ones.

Missing or ambiguous values are imputed using a methodology developed specifically for the NHSDA in 1999 and called predictive mean neighborhoods (PMN). PMN is a combination of a model-assisted imputation methodology and a random nearest neighbor hot-deck procedure. Whenever feasible, the imputation of variables using PMN is multivariate, in which imputation is accomplished on several response variables at once. Variables requiring imputation were the core demographic variables, core drug use variables (recency of use, frequency of use, and age at first use), income, health insurance, and a variety of roster-derived variables.

In the modeling stage of PMN, the model chosen depends on the nature of the response variable *Y*. In the 2001 NHSDA, the models included binomial logistic regression, multinomial

logistic regression, Poisson regression, and ordinary linear regression, where the models incorporate the design weights.

In general, hot-deck imputation replaces a missing or ambiguous value taken from a "similar" respondent who has complete data. For random nearest neighbor hot-deck imputation, the missing or ambiguous value is replaced by a responding value from a donor randomly selected from a set of potential donors. Potential donors are those defined to be "close" to the unit with the missing or ambiguous value, according to a predefined function, called a distance metric. In the hot-deck stage of PMN, the set of candidate donors (the "neighborhood") consists of respondents with complete data who have a predicted mean close to that of the item nonrespondent. In particular, the neighborhood consists of either the set of the closest 30 respondents, or the set of respondents with a predicted mean (or means) within 5 percent of the predicted mean(s) of the item nonrespondent, whichever set is smaller. If no respondents are available who have a predicted mean (or means) within 5 percent of the item nonrespondent, the respondent with the predicted mean(s) closest to that of the item nonrespondent is selected as the donor.

In the univariate case, the neighborhood of potential donors is determined by calculating the relative distance between the predicted mean for an item nonrespondent, and the predicted mean for each potential donor, then choosing those means defined by the distance metric. The pool of donors is further restricted to satisfy logical constraints whenever necessary (e.g., age at first crack use must not be younger than age at first cocaine use).

Whenever possible, missing or ambiguous values for more than one response variable are considered at a time. In this (multivariate) case, the distance metric is a Mahalanobis distance rather than a relative Euclidean distance. Whether the imputation is univariate or multivariate, only missing or ambiguous values are replaced, and donors are restricted to be logically consistent with the response variables that are not missing. Furthermore, donors are restricted to satisfy "likeness constraints" whenever possible. That is, donors are required to have the same values for variables highly correlated with the response. If no donors are available that meet these conditions, these likeness constraints can be loosened. For example, donors for the age at first use variable are required to be of the same age as recipients, if at all possible.

Although statistical imputation could not proceed separately within each State due to insufficient pools of donors, information about each respondent's State of residence was incorporated in the modeling and hot-deck steps. For most drugs, respondents were separated into three "State usage" categories as follows: respondents from States with high usage of a given drug were placed in one category, respondents from States with medium usage into another, and the remainder into a third category. This categorical "State rank" variable was used as one set of covariates in the imputation models. In addition, eligible donors for each item nonrespondent were restricted to be of the same State usage category (i.e., the same "State rank") as the nonrespondent.

B.3.2 Development of Analysis Weights

The general approach to developing and calibrating analysis weights involved developing design-based weights, d_k, as the inverse of the selection probabilities of the households and persons. Adjustment factors, $a_k(\lambda)$, then were applied to the design-based weights to adjust for nonresponse, to poststratify to known population control totals, and to control for extreme weights when necessary. In view of the importance of State-level estimates with the new 50-State design, it was necessary to control for a much larger number of known population totals. Several other modifications to the general weight adjustment strategy that had been used in past NHSDA also were implemented for the first time beginning with the 1999 CAI sample.

Weight adjustments were based on a generalization of Deville and Särndal's (1992) logit model. This generalized exponential model (GEM) (Folsom & Singh, 2000) incorporates unit-specific bounds (ℓ_k, u_k), $k \in s$, for the adjustment factor $a_k(\lambda)$ as follows:

$$a_k(\lambda) = \frac{\ell_k(u_k - c_k) + u_k(c_k - \ell_k)\exp(A_k x_k'\lambda)}{(u_k - c_k) + (c_k - \ell_k)\exp(A_k x_k'\lambda)},$$

where c_k are prespecified centering constants, such that $\ell_k < c_k < u_k$ and $A_k = (u_k - \ell_k) / [(u_k - c_k)(c_k - \ell_k)]$. The variables ℓ_k, c_k, and u_k are user-specified bounds, and λ is the column vector of p model parameters corresponding to the p covariates x. The λ-parameters are estimated by solving

$$\sum_s x_k d_k a_k(\lambda) - \tilde{T}_x = 0,$$

where $\tilde{T}_x$ denotes control totals that could be either nonrandom, as is generally the case with poststratification, or random, as is generally the case for nonresponse adjustment.

The final weights $w_k = d_k a_k(\lambda)$ minimize the distance function $\Delta(w,d)$ defined as

$$\Delta(w,d) = \sum_{k \in s} \frac{d_k}{A_k}\left\{(a_k - \ell_k)\log\frac{a_k - \ell_k}{c_k - \ell_k} + (u_k - a_k)\log\frac{u_k - a_k}{u_k - c_k}\right\}.$$

This general approach was used at several stages of the weight adjustment process, including (1) adjustment of household weights for nonresponse at the screener level, (2) poststratification of household weights to meet population controls for various demographic groups by State, (3) adjustment of household weights for extremes, (4) poststratification of selected person weights, (5) adjustment of person weights for nonresponse at the questionnaire level, (6) poststratification of person weights, and (7) adjustment of person weights for extremes.

Every effort was made to include as many relevant State-specific covariates (typically defined by demographic domains within States) as possible in the multivariate models used to calibrate the weights (nonresponse adjustment and poststratification steps). Because further subdivision of State samples by demographic covariates often produced small cell sample sizes, it was not possible to retain all State-specific covariates (even after meaningful collapsing of

covariate categories) and still estimate the necessary model parameters with reasonable precision. Therefore, a hierarchical structure was used in grouping States with covariates defined at the national level, at the census division level within the Nation, at the State-group within census division, and, whenever possible, at the State level. In every case, the controls for total population within State and the five age groups within State were maintained. Census control totals by age, race, gender, and Hispanicity were required for the civilian, noninstitutionalized population of each State. Unlike the 1999 and 2000 NHSDA, population estimates for the year 2001 (based on the 1990 census after taking account of known demographic changes) were not published because of the natural requirement to use 2000 census data for this purpose. However, due to extensive processing needed for the 2000 census data, the required controls were not available in time for the 2001 NHSDA data processing. As an alternative, the Population Estimates Branch of the U.S. Bureau of the Census produced, in response to a special request, the necessary population estimates based on the 1990 census. Use of the 1990 census-based controls for 2001 population estimates certainly helped maintain comparability with previous years' controls. However, for 2001 the demographic estimation method was used unlike previous years wherein the 1990 census 5 percent public use micro data file (U.S. Bureau of the Census, 1992) was used to get the initial breakdown of the published State-level census projections of the total residential population (which includes military and institutionalized) for demographic domains into two groups followed by the raking ratio method to meet both the State-level residential population counts, as well as the national-level civilian and noncivilian counts for each domain.

Several other enhancements to the weighting procedures were also implemented starting in 1999. The control of extreme weights through winsorization was incorporated into the calibration processes for both nonresponse and poststratification adjustment. Winsorization was used to set bounds for extreme values at prespecified levels, and the GEM model was used to adjust the weights within bounds for both extreme and nonextreme weights such that the desired calibration controls were met. A step was added to poststratify the household-level weights to obtain census-consistent estimates based on the household rosters from all screened households; these household roster-based estimates then provided the control totals needed to calibrate the respondent pair weights for subsequent planned analyses. Also, the adjusted screened household roster-based estimates provided the control totals for the additional step of poststratifying the selected persons sample. This additional step takes advantage of the inherent two-phase nature of the NHSDA design. The final step in poststratification related the respondent person sample to external census data (defined within State whenever possible as discussed above).

Appendix C. Statistical Methods and Limitations of the Data

Appendix C. Statistical Methods and Limitations of the Data

This appendix describes statistical methods and data limitations of the 2001 National Household Survey on Drug Abuse (NHSDA). The 2000 NHSDA used a similar design and is described in Office of Applied Studies (OAS, 2001).

C.1 Target Population

An important limitation of the NHSDA estimates of drug use prevalence is that they are only designed to describe the target population of the survey—the civilian, noninstitutionalized population aged 12 or older. Although this population includes almost 98 percent of the total U.S. population aged 12 or older, it excludes some important and unique subpopulations who may have very different drug-using patterns. For example, the survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not included in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use. Other surveys that provide data for these populations are described in other readily available reports produced by OAS (2001, 2002a, 2002b).

C.2 Sampling Error and Statistical Significance

The national estimates, along with the associated variance components, were computed using a multiprocedure package, SUrvey DAta ANalysis (SUDAAN) Software for Statistical Analysis of Correlated Data, which was designed for the statistical analysis of sample survey data from stratified, multistage cluster samples (RTI, 2001). The final, nonresponse-adjusted, and poststratified analysis weights were used to compute unbiased design-based drug use estimates.

The sampling error (i.e., the standard error [SE]) of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies, such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated in SUDAAN for all estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

C.2.1 Variance Estimation for Totals

Estimates of proportions, $\hat{p}_d$, such as drug use prevalence rates, take the form of nonlinear statistics where the variances cannot be expressed in closed form. Variance estimation for nonlinear statistics in SUDAAN is performed using a first-order Taylor series approximation of the deviations of estimates from their expected values.

Corresponding to proportion estimates, $\hat{p}_d$, the number of drug users, $\hat{Y}_d$, can be estimated as

$$\hat{Y}_d = \hat{N}_d \hat{p}_d,$$

where $\hat{N}_d$ is the estimated population total for domain *d*, and $\hat{p}_d$ is the estimated proportion for domain *d*. The SE for the total estimate is obtained by multiplying the SE of the proportion by $\hat{N}_d$, that is,

$$SE(\hat{Y}_d) = \hat{N}_d \, SE(\hat{p}_d).$$

This approach is theoretically correct when the domain size estimates, $\hat{N}_d$, are among those forced to Census Bureau population projections through the weight calibration process. In these cases, $\hat{N}_d$ is clearly not subject to sampling error.

For domain totals, $\hat{Y}_d$, where $\hat{N}_d$ is not fixed, this formulation may still provide a good approximation if it can be reasonably assumed that the sampling variation in $\hat{N}_d$ is negligible relative to the sampling variation in $\hat{p}_d$. In most analyses conducted for prior years, this has been a reasonable assumption.

For a subset of the tables produced from the 2001 data, it was clear that the above approach yielded an underestimate of the variance of a total because $\hat{N}_d$ was subject to considerable variation. In these cases, a different method was used to estimate variances. SUDAAN provides an option to directly estimate the variance of the linear statistic that estimates a population total. Using this option did not affect the SE estimates for the corresponding proportions presented in the same sets of tables.

C.2.2 Suppression Criteria for Unreliable Estimates

As has been done in past NHSDA reports, direct survey estimates considered to be unreliable due to unacceptably large sampling errors are not shown in this report and are noted by asterisks (*) in the tables containing such estimates. The criterion used for suppressing all direct survey estimates was based on the relative standard error (RSE), which is defined as the ratio of the standard error (SE) over the estimate.

Proportion estimates ($\hat{p}$) within the range [$0 < \hat{p} < 1$], rates, and corresponding estimated number of users were suppressed if

$$\text{RSE}[-\ln(\hat{p})] > 0.175 \text{ when } \hat{p} \leq 0.5$$

or

$$\text{RSE}[-\ln(1 - \hat{p})] > 0.175 \text{ when } \hat{p} > 0.5.$$

Using a first-order Taylor series approximation to estimate RSE[$-\ln(\hat{p})$] and RSE[$-\ln(1 - \hat{p})$], the following was obtained and used for computational purposes:

$$\frac{SE(\hat{p})/\hat{p}}{-\ln(\hat{p})} > 0.175 \text{ when } \hat{p} \leq 0.5$$

or

$$\frac{SE(\hat{p})/(1-\hat{p})}{-\ln(1-\hat{p})} > 0.175 \text{ when } \hat{p} > 0.5.$$

The separate formulas for $\hat{p} \leq 0.5$ and $\hat{p} > 0.5$ produce a symmetric suppression rule (i.e., if $\hat{p}$ is suppressed, then so will $1 - \hat{p}$). This ad hoc rule requires an effective sample size in excess of 50. When $0.05 < \hat{p} < 0.95$, the symmetric property of the rule produces a local maximum effective sample size of 68 at $\hat{p} = 0.5$. Thus, estimates with these values of $\hat{p}$ along with effective sample sizes falling below 68 are suppressed. A local minimum effective sample size of 50 occurs at $\hat{p} = 0.2$ and again at $\hat{p} = 0.8$ within this same interval, so estimates are suppressed for values of $\hat{p}$ with effective sample sizes below 50.

Prior to the 2000 NHSDA, these varying sample size restrictions sometimes produced unusual occurrences of suppression for a particular combination of prevalence rates. For example, in some cases, lifetime prevalence rates near $\hat{p} = 0.5$ were suppressed (effective sample size was < 68 but > 50), while not suppressing the corresponding past year or past month estimates near $\hat{p} = 0.2$ (effective sample sizes were > 50). To reduce the occurrence of this type of inconsistency, a minimum effective sample size of 68 was added to the NHSDA suppression criteria starting in 2000. As $\hat{p}$ approached 0.00 or 1.00 outside the interval (0.05, 0.95), the suppression criteria still required increasingly larger effective sample sizes. For example, if $\hat{p} =$ 0.01 and 0.001, the effective sample size must exceed 152 and 684, respectively.

Also new to the NHSDA starting in 2000 were minimum nominal sample size suppression criteria ($n = 100$) that protect against unreliable estimates caused by small design effects and small nominal sample sizes. Prevalence estimates also were suppressed if they were close to 0 or 100 percent (i.e., if $\hat{p} < 0.00005$ or if $\hat{p} \geq 0.99995$).

Estimates of other totals (e.g., number of initiates) along with means and rates (both not bounded between 0 and 1) were suppressed if RSE($\hat{p}$) > 0.5. Additionally, estimates of the mean age at first use were suppressed if the sample size was smaller than 10 respondents; moreover, the estimated incidence rate and number of initiates were suppressed if they rounded to 0.

The suppression criteria for various NHSDA estimates are summarized in Table C.1 at the end of this appendix.

C.2.3 Statistical Significance of Differences

This section describes the methods used to compare prevalence estimates in this report. Customarily, the observed difference between estimates is evaluated in terms of its statistical significance. "Statistical significance" refers to the probability that a difference as large as that observed would occur due to random error in the estimates if there were no difference in the prevalence rates for the population groups being compared. The significance of observed differences in this report is generally reported at the 0.05 and 0.01 levels. When comparing 2000 and 2001 prevalence estimates, the null hypothesis (no difference in the 2000 and 2001 prevalence rates) can be tested against the alternative hypothesis (there is a difference in prevalence rates) using the standard difference in proportions test expressed as follows:

$$Z = \frac{\hat{p}_1 - \hat{p}_2}{\sqrt{var(\hat{p}_1) + var(\hat{p}_2) - 2cov(\hat{p}_1, \hat{p}_2)}},$$

where $\hat{p}_1$ = 2000 estimate, $\hat{p}_2$ = 2001 estimate, $var(\hat{p}_1)$ = variance of 2000 estimate, $var(\hat{p}_2)$ = variance of 2001 estimate, and $cov(\hat{p}_1, \hat{p}_2)$ = covariance between $\hat{p}_1$ and $\hat{p}_2$.

Under the null hypothesis, Z is asymptotically distributed as a normal random variable. Calculated values of Z can therefore be referred to as the unit normal distribution to determine the corresponding probability level (i.e., p value). Because there is a 50 percent overlap in the sampled segments between the 2000 and 2001 NHSDA, the covariance term in the formula for Z will, in general, be greater than 0. Estimates of Z, along with its p value, were calculated using SUDAAN, using the analysis weights and accounting for the sample design as described in Appendix B. A similar procedure and formula for Z were used for estimated totals and for comparing prevalence estimates for different population subgroups from the same data year.

When examining the effects of subgroup variables with more than two levels on a prevalence measure, a χ^2 test of independence of the subgroup and the prevalence variables was conducted first to control the error level for multiple comparisons. If the χ^2 test indicated some significant differences, the significance of each particular subgroup comparison discussed in the report was tested as indicated above. SUDAAN analytic procedures were used in all tests to properly account for the sample design.

C.3 Nonsampling Error

Nonsampling errors can occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors not due to sampling. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, close monitoring and periodic retraining of interviewers, and improvement in various quality control procedures.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures, such as response rates and from other research studies.

C.3.1 Screening and Interview Response Rate Patterns

Response rates for the NHSDA were stable for the period from 1994 to 1998, with the screening response rate at about 93 percent and the interview response rate at about 78 percent (response rates discussed in this appendix are weighted). In 1999, the computer-assisted interviewing (CAI) screening response rate was 89.6 percent, and the interview response rate was 68.6 percent. A more stable and experienced field interviewer (FI) workforce improved these rates in 2000 and continued in 2001. Of the 171,519 eligible households sampled for the 2001 NHSDA main study, 157,471 were successfully screened for a weighted screening response rate of 91.9 percent (Table C.2). In these screened households, a total of 89,745 sample persons were selected, and completed interviews were obtained from 68,929 of these sample persons, for a weighted interview response rate of 73.3 percent. A total of 13,478 (16.5 percent) sample persons were classified as refusals or parental refusals, 4,681 (5.3 percent) were not available or never at home, and 2,657 (4.9 percent) did not participate for various other reasons, such as physical or mental incompetence or language barrier (Table C.3). Tables C.4 and C.5 show the distribution of the selected sample by interview code and age group. The weighted interview response rate was highest among 12 to 17 year olds (82.2 percent), females (74.6 percent), blacks and Hispanics (75.0 and 78.8 percent, respectively), in nonmetropolitan areas (76.7 percent), and among persons residing in the South (74.4 percent) (Table C.6).

The overall weighted response rate, defined as the product of the weighted screening response rate and weighted interview response rate, was 61.5 percent in 1999, 68.6 percent in 2000, and 67.3 percent in 2001. Nonresponse bias can be expressed as the product of the nonresponse rate (1 - R) and the difference between the characteristic of interest between respondents and nonrespondents in the population (P_r - P_{nr}). Thus, assuming the quantity (P_r - P_{nr}) is fixed over time, the improvement in response rates in 2000 and 2001 over 1999 will result in estimates with lower nonresponse bias.

C.3.2 Inconsistent Responses and Item Nonresponse

Among survey participants, item response rates were above 97 percent for most questionnaire items. However, inconsistent responses for some items, including the drug use items, were common. Estimates of substance use from the NHSDA are based on the responses to multiple questions by respondents, so that the maximum amount of information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgment on the part of survey analysts and is a potential source of nonsampling error. Because of the automatic routing through the CAI questionnaire (e.g., lifetime drug use questions that skip entire modules when answered "no"), there is less editing of this type than in the paper-and-pencil interviewing (PAPI) questionnaire used prior to the NHSDA redesign in 1999.

In addition, logical editing is used less often because with the CAI data, statistical imputation is relied upon more heavily to determine the final values of drug use variables in cases where there is the potential to use logical editing to make a determination. The combined amount of editing and imputation in the CAI data is still considerably less than the total amount used in prior PAPI surveys. For the 2001 CAI data, for example, 6.7 percent of the estimate of past month hallucinogen use was based on logically edited cases and 6.6 percent on imputed

cases, for a combined amount of 13.3 percent. In the 1998 NHSDA (administered using PAPI), the amount of editing and imputation for past month hallucinogen use was 60 and 0 percent, respectively, for a total of 60 percent. The combined amount of editing and imputation for the estimate of past month heroin use was 5.7 percent for the 2001 CAI and 37.0 percent for the 1998 PAPI data.

Nonresponse categories for survey items include "don't know" and "refused" responses, as well as missing data on subsequent items linked to those responses. Among survey participants, response rates to the treatment receipt survey items were above 95 percent. The majority (74 to 85 percent) of nonrespondents to treatment receipt items also did not respond to the unmet treatment need item. To examine the potential impact of missing data on the present study, sociodemographic distributions between respondents and nonrespondents on treatment receipt variables were compared. Nonrespondents also included individuals whose indicated treatment receipt was "unknown." Missing data on treatment were more common among men, non-high school graduates, the unemployed, those in the lowest family income category, and welfare recipients. Less missing data was indicated among nondrug users and those with no additional treatment need. Patterns of missing data were similar among persons receiving inpatient, outpatient, and prescription medication–only treatment, although some small differences were observed.

To further examine the interrelationship of demographic and socioeconomic variables to the "risk" of having missing data, adjusted odds ratios and confidence intervals were derived from multiple logistic regression models. Significant correlates of nonresponse to the "any inpatient mental health treatment" item included being male, non-Hispanic white, having lower family income, and no illicit drug use in the past year. Nonrespondents to the "any outpatient mental health treatment" item were more likely to be married, have a lower family income, and live in a small metropolitan area. Significant correlates of nonresponse to receiving "prescription medication" included having a family income of $50,000 to $74,999 and no illicit drug use. Nonrespondents to "any mental health treatment" item were more likely to have lower family incomes, live in a small metropolitan area, and report no illicit drug use in the past year. As the above sociodemographic groups were less likely to respond to the treatment receipt survey items, findings presented in the analyses in this report may be less generalizable to these population groups.

C.3.3 Validity of Self-Reported Use

NHSDA estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and the NHSDA procedures were designed to encourage honesty and recall, some degree of underreporting is assumed (Harrell, 1997; Harrison & Hughes, 1997; Rouse, Kozel, & Richards, 1985). No adjustment to NHSDA data is made to correct for this. The methodology used in the NHSDA has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Aquilino, 1994; Turner, Lessler, & Gfroerer, 1992). However, comparisons of NHSDA data with data from surveys conducted in classrooms suggest that underreporting of drug use by youths in their homes may be substantial (Gfroerer, 1993; Gfroerer, Wright, & Kopstein, 1997).

Table C.1 Summary of 2001 NHSDA Suppression Rules

Estimate	Suppress if:
Prevalence rate, $\hat{p}$, with nominal sample size, n, and design effect, *deff*	The estimated prevalence rate, $\hat{p}$, is < 0.00005 or ≥ 0.99995, or $\frac{SE(\hat{p}) / \hat{p}}{-\ln(\hat{p})} > 0.175$ when $\hat{p} \leq 0.5$, or $\frac{SE(\hat{p}) / (1 - \hat{p})}{-\ln(1 - \hat{p})} > 0.175$ when $\hat{p} > 0.5$, or $Effective\ n < 68$, or $n < 100$ where $Effective\ n = \frac{n}{deff}$ Note: The rounding portion of this suppression rule for prevalence rates will produce some estimates that round at one decimal place to 0.0 or 100.0 percent but are not suppressed from the tables.
Estimated number (numerator of $\hat{p}$)	The estimated prevalence rate, $\hat{p}$, is suppressed. Note: In some instances when $\hat{p}$ is not suppressed, the estimated number may appear as a 0 in the tables; this means that the estimate is > 0 but < 500 (estimated numbers are shown in thousands).
Mean age at first use, $\bar{x}$, with nominal sample size, n	$RSE(\bar{x}) > 0.5$, or $n < 10$
Incidence rate, $\hat{r}$	Rounds to < 0.1 per 1,000 person-years of exposure, or $RSE(\hat{r}) > 0.5$
Number of initiates, $\hat{t}$	Rounds to < 1,000 initiates, or $RSE(\hat{t}) > 0.5$

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2001.

Table C.2 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDA, by Screening Result Code

Screening Result	1999 NHSDA		2000 NHSDA		2001 NHSDA	
	Sample Size	Weighted Percentage	Sample Size	Weighted Percentage	Sample Size	Weighted Percentage
Total Sample	223,868	100.00	215,860	100.00	203,544	100.00
Ineligible cases	36,026	15.78	33,284	15.09	32,025	15.40
Eligible cases	187,842	84.22	182,576	84.91	171,519	84.60
Ineligibles	36,026	100.00	33,284	100.00	32,025	100.00
Vacant	18,034	49.71	16,796	50.76	16,489	51.71
Not a primary residence	4,516	12.90	4,506	13.26	4,706	14.69
Not a dwelling unit	4,626	12.70	3,173	9.33	2,913	8.66
All military personnel	482	1.22	414	1.21	327	0.93
Other, ineligible	8,368	23.46	8,395	25.43	7,590	24.00
Eligible Cases	187,842	100.00	182,576	100.00	171,519	100.00
Screening complete	169,166	89.63	169,769	92.84	157,471	91.86
No one selected	101,537	54.19	99,999	55.36	90,530	52.11
One selected	44,436	23.63	46,981	25.46	43,601	25.94
Two selected	23,193	11.82	22,789	12.03	23,340	13.82
Screening not complete	18,676	10.37	12,807	7.16	14,048	8.14
No one home	4,291	2.38	3,238	1.82	3,383	1.90
Respondent unavailable	651	0.36	415	0.24	392	0.24
Physically or mentally incompetent	419	0.24	310	0.16	357	0.20
Language barrier—Hispanic	102	0.06	83	0.05	130	0.09
Language barrier—Other	486	0.28	434	0.27	590	0.39
Refusal	11,097	5.92	7,535	4.14	8,525	4.93
Other, access denied	1,536	1.08	748	0.45	613	0.35
Other, eligible	38	0.02	7	0.00	9	0.00
Other, problem case	56	0.03	37	0.02	49	0.03

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table C.3 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDA, by Final Interview Code, *among Persons Aged 12 or Older*

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	89,883	100.00	91,961	100.00	89,745	100.00
Interview complete	66,706	68.55	71,764	73.93	68,929	73.31
No one at dwelling unit	1,795	2.13	1,776	2.02	1,728	2.00
Respondent unavailable	3,897	4.53	3,058	3.52	2,953	3.30
Breakoff	50	0.07	72	0.09	79	0.12
Physically/mentally incompetent	1,017	2.62	1,053	2.57	1,020	2.43
Language barrier—Spanish	168	0.12	109	0.08	190	0.17
Language barrier—Other	480	1.46	441	1.06	470	1.30
Refusal	11,276	17.98	10,109	14.99	10,961	15.60
Parental refusal	2,888	1.01	2,655	0.88	2,517	0.92
Other	1,606	1.53	924	0.86	898	0.86

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table C.4 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDA, by Final Interview Code, *among Youths Aged 12 to 17*

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	32,011	100.00	31,242	100.00	28,188	100.00
Interview complete	25,384	78.07	25,756	82.58	23,178	82.18
No one at dwelling unit	322	1.09	278	0.86	254	0.92
Respondent unavailable	872	3.04	617	2.05	551	2.13
Breakoff	13	0.03	18	0.05	17	0.05
Physically/mentally incompetent	244	0.76	234	0.76	219	0.79
Language barrier—Spanish	15	0.03	10	0.03	18	0.08
Language barrier—Other	58	0.18	50	0.20	34	0.11
Refusal	1,808	5.97	1,455	4.52	1,247	4.14
Parental refusal	2,885	9.50	2,641	8.35	2,517	8.95
Other	410	1.33	183	0.59	153	0.64

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table C.5 Weighted Percentages and Sample Sizes for 1999 to 2001 NHSDA, by Final Interview Code, *among Persons Aged 18 or Older*

	1999 NHSDA		2000 NHSDA		2001 NHSDA	
Final Interview Code	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**	**Sample Size**	**Weighted Percentage**
Total Selected Persons	57,872	100.00	60,719	100.00	61,557	100.00
Interview complete	41,322	67.41	46,008	72.92	45,751	72.29
No one at dwelling unit	1,473	2.25	1,498	2.16	1,474	2.12
Respondent unavailable	3,025	4.71	2,441	3.69	2,402	3.43
Breakoff	37	0.07	54	0.09	62	0.13
Physically/mentally incompetent	773	2.85	819	2.78	801	2.62
Language barrier—Spanish	153	0.13	99	0.09	172	0.18
Language barrier—Other	422	1.62	391	1.16	436	1.43
Refusal	9,468	19.41	8,654	16.22	9,714	16.92
Parental refusal	3	0.00	14	0.01	0	0.00
Other	1,196	1.55	741	0.89	745	0.88

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Table C.6 Response Rates and Sample Sizes for the 1999 to 2001 NHSDA, by Demographic Characteristics

	1999 NHSDA			2000 NHSDA			2001 NHSDA		
	Selected Persons	Completed Interviews	Weighted Response Rate	Selected Persons	Completed Interviews	Weighted Response Rate	Selected Persons	Completed Interviews	Weighted Response Rate
Total	**89,883**	**66,706**	**68.55%**	**91,961**	**71,764**	**73.93%**	**89,745**	**68,929**	**73.31%**
Age in Years									
12-17	32,011	25,384	78.07%	31,242	25,756	82.58%	28,188	23,178	82.18%
18-25	30,439	22,151	71.21%	29,424	22,849	77.34%	30,304	22,931	75.51%
26 or older	27,433	19,171	66.76%	31,295	23,159	72.17%	31,253	22,820	71.75%
Gender									
Male	43,883	31,987	67.12%	44,899	34,375	72.68%	43,949	33,109	71.92%
Female	46,000	34,719	69.81%	47,062	37,389	75.09%	45,796	35,820	74.58%
Race/Ethnicity									
Hispanic	11,203	8,755	74.59%	11,454	9,396	77.95%	10,885	8,777	78.78%
White	63,211	46,272	67.98%	64,517	49,631	73.39%	63,228	48,016	72.65%
Black	10,552	8,044	70.39%	10,740	8,638	76.19%	10,584	8,295	74.98%
All other races	4,917	3,635	59.28%	5,250	4,099	67.31%	5,048	3,841	66.65%
Region									
Northeast	16,794	11,830	64.03%	18,959	14,394	71.68%	19,180	14,444	71.02%
Midwest	24,885	18,103	69.63%	25,428	19,355	73.23%	25,560	19,212	73.25%
South	27,390	21,018	70.93%	27,217	22,041	76.38%	26,278	20,609	74.44%
West	20,814	15,755	67.47%	20,357	15,974	72.68%	18,727	14,664	73.51%
County Type									
Large metropolitan	36,101	25,901	65.15%	37,754	28,744	71.77%	35,395	26,403	71.00%
Small metropolitan	30,642	22,612	69.98%	31,400	24,579	74.96%	31,740	24,575	74.66%
Nonmetropolitan	23,140	18,193	74.97%	22,807	18,441	77.58%	22,610	17,951	76.72%

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 1999, 2000, and 2001.

Appendix D. Standard Error Tables

Table SE.2.1 Standard Errors for Estimated Numbers (in Thousands) of Adults Who Received Specific Types of Mental Health Treatment and No Treatment in the Past Year, by Type of Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling[1]	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Total	380	99	284	341	1,374
Age in Years					
18-25	60	16	46	46	289
26-49	248	69	193	214	894
50 or older	255	70	185	237	869
Gender					
Male	211	63	172	188	840
Female	279	72	215	257	885
Hispanic Origin and Race					
Not Hispanic	356	90	270	323	1,274
White only	335	79	251	306	1,193
Black only	101	37	71	87	459
American Indian or Alaska Native only	29	11	27	16	62
Native Hawaiian or other Pacific Islander only	8	1	6	6	63
Asian only	36	12	27	29	297
More than one race	35	10	29	30	87
Hispanic	97	39	72	81	444
Education					
Less than high school	148	63	102	129	520
High school graduate	213	59	143	199	667
Some college	171	35	130	163	593
College graduate	194	25	162	155	700
Current Employment					
Full-time	254	36	197	213	950
Part-time	118	35	94	107	351
Unemployed	55	14	40	52	137
Not in the labor force[2]	240	81	158	227	710

Table SE.2.1 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling[1]	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Marital Status					
Married	287	57	208	252	1,065
Widowed	101	28	59	96	351
Divorced or separated	174	57	129	160	419
Never married	148	45	121	121	449
Geographic Division					
Northeast	146	42	125	136	463
New England	74	19	67	71	238
Middle Atlantic	125	37	106	116	398
Midwest	151	37	119	138	523
East North Central	130	27	93	116	452
West North Central	77	25	75	75	262
South	236	67	155	210	940
South Atlantic	187	56	124	167	734
East South Central	90	25	58	84	327
West South Central	112	27	73	94	488
West	211	47	164	187	717
Mountain	86	19	58	78	265
Pacific	192	43	153	170	667
County Type					
Large metropolitan	295	70	217	255	1,112
Small metropolitan	196	50	149	181	895
250,000 to 1,000,000	172	44	126	157	781
<250,000	105	25	82	95	512
Nonmetropolitan	154	48	109	144	634
Urbanized	81	18	57	77	412
Less urbanized	125	36	80	114	603
Completely rural	59	14	42	54	314

Table SE.2.1 (continued)

Demographic/Socioeconomic Characteristics	Received Mental Health Treatment/ Counseling[1]	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Family Income					
Less than $20,000	203	67	133	184	586
$20,000 to $49,999	213	63	159	195	759
$50,000 to $74,999	142	30	110	123	507
$75,000 or more	177	16	150	150	685
Government Assistance[3]					
Yes	178	73	133	159	398
No	334	68	248	297	1,306
Health Insurance					
Private	313	51	234	277	1,231
Medicaid/CHIP[4]	155	62	111	145	315
Other[5]	201	63	141	192	621
No coverage	94	43	63	80	369
Past Year Any Illicit Drug Use[6]					
Yes	145	45	115	125	304
No	345	87	254	312	1,293
Overall Health					
Excellent	141	26	117	115	650
Very good	190	32	142	173	711
Good	188	53	138	172	591
Fair/poor	200	69	134	187	395

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

[1] Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

[2] Retired, disabled, homemaker, student, or other.

[3] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[4] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[5] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[6] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.2.2 Standard Errors for Percentages of Adults Who Received Specific Types of Mental Health Treatment and No Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling[1]	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Total	0.17	0.05	0.14	0.16	0.17
Age in Years					
18-25	0.18	0.06	0.15	0.15	0.18
26-49	0.24	0.07	0.19	0.21	0.24
50 or older	0.32	0.09	0.24	0.30	0.32
Gender					
Male	0.21	0.07	0.17	0.19	0.21
Female	0.24	0.07	0.19	0.23	0.24
Hispanic Origin and Race					
Not Hispanic	0.18	0.05	0.14	0.17	0.18
White only	0.21	0.05	0.16	0.19	0.21
Black only	0.45	0.17	0.32	0.39	0.45
American Indian or Alaska Native only	2.59	1.16	2.51	1.58	2.59
Native Hawaiian or other Pacific Islander only	1.49	0.19	1.04	1.10	1.49
Asian only	0.52	0.18	0.40	0.42	0.52
More than one race	2.07	0.62	1.75	1.86	2.07
Hispanic	0.43	0.19	0.33	0.36	0.43
Education					
Less than high school	0.41	0.18	0.29	0.36	0.41
High school graduate	0.29	0.09	0.21	0.28	0.29
Some college	0.33	0.07	0.26	0.32	0.33
College graduate	0.35	0.05	0.30	0.29	0.35
Current Employment					
Full-time	0.21	0.03	0.16	0.18	0.21
Part-time	0.45	0.15	0.37	0.42	0.45
Unemployed	1.10	0.30	0.85	1.06	1.10
Not in the labor force[2]	0.39	0.14	0.27	0.38	0.39

Table SE.2.2 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling[1]	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Marital Status					
Married	0.23	0.05	0.17	0.20	0.23
Widowed	0.71	0.21	0.44	0.69	0.71
Divorced or separated	0.64	0.23	0.49	0.61	0.64
Never married	0.29	0.10	0.25	0.25	0.29
Geographic Division					
Northeast	0.36	0.11	0.31	0.34	0.36
New England	0.79	0.19	0.72	0.70	0.79
Middle Atlantic	0.40	0.13	0.35	0.39	0.40
Midwest	0.29	0.08	0.24	0.27	0.29
East North Central	0.35	0.08	0.26	0.32	0.35
West North Central	0.49	0.18	0.52	0.47	0.49
South	0.31	0.09	0.21	0.28	0.31
South Atlantic	0.47	0.15	0.32	0.42	0.47
East South Central	0.68	0.19	0.44	0.66	0.68
West South Central	0.45	0.12	0.33	0.39	0.45
West	0.43	0.11	0.35	0.39	0.43
Mountain	0.57	0.15	0.42	0.55	0.57
Pacific	0.56	0.14	0.46	0.50	0.56
County Type					
Large metropolitan	0.26	0.07	0.21	0.23	0.26
Small metropolitan	0.29	0.08	0.23	0.28	0.29
250,000 to 1,000,000	0.35	0.09	0.26	0.32	0.35
<250,000	0.57	0.15	0.47	0.55	0.57
Nonmetropolitan	0.36	0.12	0.25	0.34	0.36
Urbanized	0.59	0.15	0.46	0.56	0.59
Less urbanized	0.44	0.14	0.31	0.41	0.44
Completely rural	1.17	0.30	0.85	1.09	1.17

Table SE.2.2 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/ Counseling[1]	Type of Mental Health Treatment			Did Not Receive Mental Health Treatment/Counseling
		Any Inpatient	Any Outpatient	Any Prescription Medication	
Family Income					
Less than $20,000	0.46	0.16	0.31	0.42	0.46
$20,000 to $49,999	0.25	0.08	0.19	0.24	0.25
$50,000 to $74,999	0.36	0.08	0.29	0.32	0.36
$75,000 or more	0.38	0.04	0.33	0.32	0.38
Government Assistance[3]					
Yes	0.65	0.29	0.51	0.59	0.65
No	0.17	0.04	0.13	0.16	0.17
Health Insurance					
Private	0.19	0.03	0.15	0.17	0.19
Medicaid/CHIP[4]	0.83	0.38	0.65	0.78	0.83
Other[5]	0.42	0.14	0.31	0.40	0.42
No coverage	0.37	0.18	0.27	0.32	0.37
Past Year Any Illicit Drug Use[6]					
Yes	0.59	0.20	0.48	0.52	0.59
No	0.18	0.05	0.14	0.16	0.18
Overall Health					
Excellent	0.24	0.05	0.20	0.20	0.24
Very good	0.26	0.05	0.20	0.24	0.26
Good	0.35	0.10	0.26	0.32	0.35
Fair/poor	0.70	0.27	0.50	0.66	0.70

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

[1] Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

[2] Retired, disabled, homemaker, student, or other.

[3] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[4] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[5] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[6] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.3.1 Standard Errors for Percentages of Adults Who Received Specific Types of Mental Health Treatment among Those Receiving Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Type of Mental Health Treatment[1]		
	Any Inpatient	Any Outpatient	Any Prescription Medication
Total	0.45	0.91	0.68
Age in Years			
18-25	0.59	0.94	0.92
26-49	0.57	1.09	0.90
50 or older	0.99	1.90	1.20
Gender			
Male	0.84	1.56	1.29
Female	0.51	1.12	0.77
Hispanic Origin and Race			
Not Hispanic	0.44	0.94	0.68
White only	0.44	0.99	0.72
Black only	2.19	3.00	2.27
American Indian or Alaska Native only	*	*	*
Native Hawaiian or other Pacific Islander only	*	*	*
Asian only	*	*	*
More than one race	*	*	*
Hispanic	2.67	3.67	2.88
Education			
Less than high school	1.65	2.24	1.68
High school graduate	0.84	1.54	1.01
Some college	0.61	1.55	1.11
College graduate	0.44	1.53	1.57
Current Employment			
Full-time	0.34	1.14	1.00
Part-time	1.19	1.94	1.75
Unemployed	2.12	4.42	3.43
Not in the labor force[2]	1.04	1.66	0.95
Marital Status			
Married	0.52	1.28	0.96
Widowed	2.33	3.90	2.64
Divorced or separated	1.35	1.97	1.63
Never married	0.85	1.32	1.21

Table SE.3.1 (continued)

Demographic/Socioeconomic Characteristic	Type of Mental Health Treatment[1]		
	Any Inpatient	Any Outpatient	Any Prescription Medication
Geographic Division			
Northeast	0.93	1.85	1.56
New England	1.32	3.29	2.63
Middle Atlantic	1.23	2.24	1.94
Midwest	0.72	1.56	1.11
East North Central	0.75	1.66	1.20
West North Central	1.65	3.51	2.42
South	0.89	1.64	1.02
South Atlantic	1.40	2.32	1.46
East South Central	1.77	3.94	2.11
West South Central	1.31	2.71	1.85
West	0.97	2.12	1.91
Mountain	1.19	2.83	2.41
Pacific	1.33	2.83	2.59
County Type			
Large metropolitan	0.69	1.34	1.15
Small metropolitan	0.67	1.40	1.00
250,000 to 1,000,000	0.77	1.51	1.13
<250,000	1.38	2.98	2.13
Nonmetropolitan	1.04	2.06	1.12
Urbanized	1.23	3.51	2.17
Less urbanized	1.37	2.56	1.48
Completely rural	2.88	5.17	3.49
Family Income			
Less than $20,000	1.18	1.83	1.24
$20,000 to $49,999	0.78	1.39	0.99
$50,000 to $74,999	0.82	1.97	1.71
$75,000 or more	0.35	1.84	1.66
Government Assistance[3]			
Yes	1.57	1.99	1.44
No	0.39	0.99	0.76
Health Insurance			
Private	0.33	1.03	0.77
Medicaid/CHIP[4]	1.76	2.31	1.52
Other[5]	1.26	1.98	1.23
No coverage	2.18	2.88	2.58
Past Year Any Illicit Drug Use[6]			
Yes	1.08	1.69	1.56
No	0.49	1.03	0.74

Table SE.3.1 (continued)

Demographic/Socioeconomic Characteristic	Type of Mental Health Treatment[1]		
	Any Inpatient	Any Outpatient	Any Prescription Medication
Overall Health			
Excellent	0.63	1.74	1.63
Very good	0.49	1.50	1.21
Good	0.91	1.64	1.16
Fair/poor	1.26	1.91	1.20

*Low precision; no estimate reported.

Note: The types of mental health treatment do not add to the totals because they are not mutually exclusive.

[1] Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

[2] Retired, disabled, homemaker, student, or other.

[3] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[4] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[5] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[6] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.3.4 Standard Errors for Estimated Numbers (in Thousands) of Adults Who Received Mental Health Treatment in the Past Year, by Specific Categories of Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Total	380	155	216	245	99
Age in Years					
18-25	60	29	30	31	16
26-49	248	115	143	150	69
50 or older	255	88	149	180	70
Gender					
Male	211	101	127	134	63
Female	279	115	167	197	72
Hispanic Origin and Race					
Not Hispanic	356	147	207	234	90
White only	335	138	197	224	79
Black only	101	30	52	61	37
American Indian or Alaska Native only	29	*	*	*	11
Native Hawaiian or other Pacific Islander only	8	*	*	*	1
Asian only	36	*	*	*	12
More than one race	35	*	*	*	10
Hispanic	97	37	56	61	39
Education					
Less than high school	148	48	72	101	63
High school graduate	213	71	109	146	59
Some college	171	64	113	110	35
College graduate	194	109	116	102	25
Current Employment					
Full-time	254	124	141	149	36
Part-time	118	53	71	69	35
Unemployed	55	20	34	36	14
Not in the labor force[2]	240	63	124	173	81

Table SE.3.4 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Marital Status					
Married	287	114	157	190	57
Widowed	101	20	54	76	28
Divorced or separated	174	74	97	103	57
Never married	148	70	84	74	45
Geographic Division					
Northeast	146	68	94	90	42
New England	74	41	56	56	19
Middle Atlantic	125	54	75	71	37
Midwest	151	58	98	96	37
East North Central	130	45	78	78	27
West North Central	77	36	60	57	25
South	236	76	121	167	67
South Atlantic	187	58	98	122	56
East South Central	90	30	46	81	25
West South Central	112	39	53	80	27
West	211	102	116	121	47
Mountain	86	39	46	59	19
Pacific	192	94	107	106	43
County Type					
Large metropolitan	295	129	159	178	70
Small metropolitan	196	68	118	121	50
250,000 to 1,000,000	172	58	97	103	44
<250,000	105	38	67	62	25
Nonmetropolitan	154	51	90	109	48
Urbanized	81	37	44	63	18
Less urbanized	125	33	68	88	36
Completely rural	59	12	36	32	14

Table SE.3.4 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Family Income					
Less than $20,000	203	59	99	140	67
$20,000 to $49,999	213	83	127	134	63
$50,000 to $74,999	142	71	76	91	30
$75,000 or more	177	88	110	96	16
Government Assistance[3]					
Yes	178	58	95	104	73
No	334	143	188	218	68
Health Insurance					
Private	313	134	174	209	51
Medicaid/CHIP[4]	155	43	84	94	62
Other[5]	201	52	119	133	63
No coverage	94	44	43	60	43
Past Year Any Illicit Drug Use[6]					
Yes	145	65	81	77	45
No	345	137	197	232	87
Overall Health					
Excellent	141	79	82	82	26
Very good	190	82	116	126	32
Good	188	71	108	120	53
Fair/poor	200	55	104	139	69

*Low precision; no estimate reported.

[1] Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

[2] Retired, disabled, homemaker, student, or other.

[3] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[4] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[5] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[6] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.3.5 Standard Errors for Percentages of Adults Who Received Mental Health Treatment in the Past Year, by Specific Categories of Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Total	0.00	0.67	0.82	0.89	0.45
Age in Years					
18-25	0.00	0.86	0.93	0.91	0.59
26-49	0.00	0.88	1.02	1.05	0.57
50 or older	0.00	1.17	1.71	1.87	0.98
Gender					
Male	0.00	1.26	1.42	1.51	0.84
Female	0.00	0.76	0.99	1.11	0.51
Hispanic Origin and Race					
Not Hispanic	0.00	0.68	0.84	0.91	0.44
White only	0.00	0.72	0.90	0.96	0.44
Black only	0.00	1.83	2.77	3.01	2.19
American Indian or Alaska Native only	0.00	*	*	*	*
Native Hawaiian or other Pacific Islander only	0.00	*	*	*	*
Asian only	0.00	*	*	*	*
More than one race	0.00	*	*	*	*
Hispanic	0.00	2.35	3.60	3.60	2.67
Education					
Less than high school	0.00	1.32	1.94	2.25	1.64
High school graduate	0.00	1.01	1.33	1.53	0.84
Some college	0.00	1.13	1.57	1.53	0.61
College graduate	0.00	1.55	1.62	1.53	0.44
Current Employment					
Full-time	0.00	1.01	1.05	1.12	0.34
Part-time	0.00	1.70	1.91	1.93	1.19
Unemployed	0.00	3.22	4.43	4.41	2.12
Not in the labor force[2]	0.00	0.84	1.43	1.65	1.04

Table SE.3.5 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Marital Status					
Married	0.00	0.93	1.16	1.28	0.52
Widowed	0.00	1.67	3.71	4.08	2.31
Divorced or separated	0.00	1.68	1.87	1.88	1.35
Never married	0.00	1.19	1.31	1.24	0.85
Geographic Division					
Northeast	0.00	1.51	1.73	1.87	0.93
New England	0.00	2.64	3.25	3.44	1.32
Middle Atlantic	0.00	1.85	2.03	2.21	1.23
Midwest	0.00	1.07	1.49	1.56	0.72
East North Central	0.00	1.17	1.67	1.65	0.75
West North Central	0.00	2.31	3.12	3.52	1.65
South	0.00	0.94	1.47	1.56	0.89
South Atlantic	0.00	1.37	2.13	2.11	1.39
East South Central	0.00	1.97	3.46	3.90	1.76
West South Central	0.00	1.62	2.35	2.76	1.31
West	0.00	1.98	1.85	2.07	0.97
Mountain	0.00	2.41	2.32	2.80	1.19
Pacific	0.00	2.70	2.51	2.76	1.33
County Type					
Large metropolitan	0.00	1.12	1.26	1.34	0.69
Small metropolitan	0.00	0.95	1.29	1.38	0.67
250,000 to 1,000,000	0.00	1.07	1.41	1.52	0.77
<250,000	0.00	2.04	2.68	2.81	1.38
Nonmetropolitan	0.00	1.16	1.79	1.92	1.04
Urbanized	0.00	2.67	2.84	3.42	1.23
Less urbanized	0.00	1.27	2.36	2.45	1.37
Completely rural	0.00	2.41	4.82	5.00	2.88

Table SE.3.5 (continued)

Demographic/Socioeconomic Characteristic	Received Mental Health Treatment/Counseling[1]	Category of Mental Health Treatment			
		Outpatient Only	Outpatient and Medication	Prescription Medication Only	Any Inpatient
Family Income					
Less than $20,000	0.00	1.04	1.56	1.85	1.17
$20,000 to $49,999	0.00	1.01	1.29	1.35	0.78
$50,000 to $74,999	0.00	1.71	1.76	1.97	0.82
$75,000 or more	0.00	1.68	1.76	1.83	0.35
Government Assistance[3]					
Yes	0.00	1.28	1.82	1.92	1.56
No	0.00	0.76	0.88	0.97	0.39
Health Insurance					
Private	0.00	0.78	0.91	1.03	0.33
Medicaid/CHIP[4]	0.00	1.36	2.16	2.24	1.76
Other[5]	0.00	1.05	1.97	1.96	1.26
No coverage	0.00	2.26	2.24	2.76	2.18
Past Year Any Illicit Drug Use[6]					
Yes	0.00	1.50	1.65	1.68	1.08
No	0.00	0.73	0.93	1.01	0.49
Overall Health					
Excellent	0.00	1.62	1.66	1.72	0.63
Very good	0.00	1.18	1.47	1.49	0.49
Good	0.00	1.17	1.51	1.60	0.91
Fair/poor	0.00	1.06	1.73	1.91	1.25

*Low precision; no estimate reported.

[1] Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

[2] Retired, disabled, homemaker, student, or other.

[3] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[4] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[5] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[6] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.4.1 Standard Errors for Estimated Numbers (in Thousands) of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Location of Treatment Facility and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Where Received Outpatient Mental Health Treatment[1]			
		Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other[2]
Total	282	114	209	110	85
Age in Years					
18-25	46	20	35	15	17
26-49	192	80	146	75	60
50 or older	181	68	134	83	63
Gender					
Male	169	75	122	64	58
Female	213	78	162	92	63
Hispanic Origin and Race					
Not Hispanic	267	110	198	107	76
White only	250	101	187	103	69
Black only	70	35	45	27	28
American Indian or Alaska Native only	27	*	*	*	*
Native Hawaiian or other Pacific Islander only	6	*	*	*	*
Asian only	19	*	*	*	*
More than one race	29	*	*	*	*
Hispanic	72	29	53	27	36
Education					
Less than high school	102	58	57	43	49
High school graduate	140	56	94	73	53
Some college	128	52	103	53	35
College graduate	162	50	141	55	40
Current Employment					
Full-time	195	63	153	78	54
Part-time	93	33	74	37	42
Unemployed	40	*	23	17	19
Not in the labor force[3]	157	81	105	70	54
Marital Status					
Married	207	67	159	90	64
Widowed	59	*	*	*	*
Divorced or separated	126	55	100	47	43
Never married	119	60	89	40	37

Table SE.4.1 (continued)

Demographic/Socioeconomic Characteristic	Total	Where Received Outpatient Mental Health Treatment[1]: Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other[2]
Geographic Division					
Northeast	124	54	90	52	36
New England	67	21	57	27	22
Middle Atlantic	104	49	70	44	28
Midwest	119	55	87	45	35
East North Central	93	48	63	41	28
West North Central	75	27	60	19	22
South	155	62	111	71	55
South Atlantic	124	48	95	55	40
East South Central	58	27	36	29	27
West South Central	73	29	44	34	25
West	162	56	126	48	42
Mountain	58	23	52	21	17
Pacific	151	51	114	43	39
County Type					
Large metropolitan	217	81	166	78	66
Small metropolitan	149	61	108	66	41
250,000 to 1,000,000	125	53	87	55	35
<250,000	82	30	61	38	22
Nonmetropolitan	107	50	63	46	34
Urbanized	52	23	37	27	12
Less urbanized	80	40	48	33	28
Completely rural	42	*	*	*	*
Family Income					
Less than $20,000	133	74	86	48	52
$20,000 to $49,999	157	65	111	70	52
$50,000 to $74,999	110	40	92	42	29
$75,000 or more	150	29	127	62	33
Government Assistance[4]					
Yes	133	76	86	47	51
No	247	84	196	101	72
Health Insurance					
Private	232	76	187	99	63
Medicaid/CHIP[5]	110	66	66	38	44
Other[6]	140	66	97	59	53
No coverage	63	34	41	18	29

Table SE.4.1 (continued)

Demographic/Socioeconomic Characteristic	Total	Where Received Outpatient Mental Health Treatment[1]: Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other[2]
Past Year Any Illicit Drug Use[7]					
Yes	115	51	87	49	42
No	252	99	183	102	79
Overall Health					
Excellent	117	35	103	39	25
Very good	142	48	110	67	38
Good	135	62	89	62	50
Fair/poor	133	67	94	54	56

* Low precision; no estimate reported.

[1] Respondents were asked to mark all the place where they received their outpatient mental health treatment or counseling; thus, these response categories are not mutually exclusive.
[2] An outpatient medical clinic, a partial day hospital or day treatment program, or some other place.
[3] Retired, disabled, homemaker, student, or other.
[4] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.
[5] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.
[6] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance)..
[7] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.4.2 Standard Errors for Percentages of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Location of Treatment Facility and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment[1]			
	Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other[2]
Total	0.87	1.06	0.82	0.67
Age in Years				
18-25	1.07	1.31	0.85	1.00
26-49	1.05	1.33	0.99	0.81
50 or older	1.87	2.57	2.18	1.77
Gender				
Male	1.66	1.91	1.47	1.34
Female	0.91	1.25	1.03	0.76
Hispanic Origin and Race				
Not Hispanic	0.88	1.08	0.85	0.65
White only	0.91	1.13	0.92	0.66
Black only	3.43	3.87	2.89	3.28
American Indian or Alaska Native only	*	*	*	*
Native Hawaiian or other Pacific Islander only	*	*	0.00	*
Asian only	*	*	*	*
More than one race	*	*	*	*
Hispanic	3.51	4.88	3.21	4.12
Education				
Less than high school	3.03	3.12	2.55	2.82
High school graduate	1.63	2.10	1.91	1.50
Some college	1.48	1.82	1.52	1.04
College graduate	1.25	1.79	1.31	0.99
Current Employment				
Full-time	0.98	1.38	1.13	0.86
Part-time	1.70	2.32	1.84	2.07
Unemployed	*	5.12	4.19	4.70
Not in the labor force[3]	1.93	2.09	1.73	1.40
Marital Status				
Married	1.09	1.62	1.34	1.04
Widowed	*	*	*	*
Divorced or separated	1.98	2.49	1.79	1.64
Never married	1.57	1.67	1.19	1.07

Table SE.4.2 (continued)

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment[1]: Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other[2]
Geographic Division				
Northeast	1.99	2.18	1.68	1.26
New England	2.33	4.26	2.60	2.08
Middle Atlantic	2.81	2.42	2.18	1.60
Midwest	1.63	1.97	1.45	1.14
East North Central	2.01	2.08	1.74	1.28
West North Central	2.73	4.45	2.39	2.40
South	1.51	2.02	1.64	1.44
South Atlantic	2.14	2.82	2.30	1.96
East South Central	4.06	4.71	3.97	3.94
West South Central	2.32	3.36	2.84	2.37
West	1.87	2.17	1.69	1.41
Mountain	2.44	3.72	2.31	1.92
Pacific	2.50	2.67	2.23	1.86
County Type				
Large metropolitan	1.28	1.57	1.18	1.01
Small metropolitan	1.33	1.76	1.53	1.03
250,000 to 1,000,000	1.58	1.97	1.71	1.21
<250,000	2.52	3.60	3.24	2.03
Nonmetropolitan	2.08	2.19	1.82	1.54
Urbanized	3.37	3.98	3.66	1.74
Less urbanized	2.84	3.02	2.32	2.15
Completely rural	*	*	*	*
Family Income				
Less than $20,000	2.14	2.28	1.61	1.72
$20,000 to $49,999	1.44	1.76	1.50	1.15
$50,000 to $74,999	1.71	2.36	1.81	1.32
$75,000 or more	0.99	2.13	1.90	1.11
Government Assistance[4]				
Yes	2.62	2.72	1.87	2.00
No	0.85	1.16	0.93	0.72
Health Insurance				
Private	0.85	1.19	0.97	0.68
Medicaid/CHIP[5]	3.11	2.96	2.19	2.38
Other[6]	2.31	2.76	2.28	2.01
No coverage	3.28	3.51	2.05	2.96

Table SE.4.2 (continued)

Demographic/Socioeconomic Characteristic	Where Received Outpatient Mental Health Treatment[1]: Outpatient Mental Health Center	Private Therapist's Office	Doctor's Office	Other[2]
Past Year Any Illicit Drug Use[7]				
Yes	1.88	2.34	1.82	1.67
No	0.94	1.19	0.93	0.78
Overall Health				
Excellent	1.30	1.87	1.42	0.92
Very good	1.23	1.75	1.53	0.99
Good	1.73	2.12	1.78	1.46
Fair/poor	2.31	2.64	1.96	2.13

* Low precision; no estimate reported.

[1] Respondents were asked to mark all the places where they received their outpatient mental health treatment or counseling; thus, these response categories are not mutually exclusive and the row percentages do not total 100 percent.

[2] An outpatient medical clinic, a partial day hospital or day treatment program, or some other place.

[3] Retired, disabled, homemaker, student, or other.

[4] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[5] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[6] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[7] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.4.4 Standard Errors for Estimated Numbers (in Thousands) of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Number of Outpatient Visits and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Total	280	93	209	115	82
Age in Years					
18-25	45	19	33	19	11
26-49	191	68	138	83	58
50 or older	180	60	138	73	57
Gender					
Male	167	53	128	69	46
Female	211	77	156	93	65
Hispanic Origin and Race					
Not Hispanic	265	88	197	109	81
White only	249	83	185	102	79
Black only	69	28	46	34	16
American Indian or Alaska Native only	27	*	*	*	*
Native Hawaiian or other Pacific Islander only	6	*	*	*	*
Asian only	18	*	*	*	*
More than one race	29	5	*	*	*
Hispanic	72	29	57	34	12
Education					
Less than high school	100	42	72	42	33
High school graduate	136	54	106	48	39
Some college	127	46	90	60	39
College graduate	162	43	125	73	50
Current Employment					
Full-time	195	66	154	79	49
Part-time	92	27	68	43	38
Unemployed	41	11	35	14	11
Not in the labor force[1]	152	56	113	68	50
Marital Status					
Married	207	69	166	70	52
Widowed	58	*	*	*	*
Divorced or separated	125	39	92	63	42
Never married	116	40	68	55	44

Table SE.4.4 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Geographic Division					
Northeast	122	46	83	61	37
New England	67	32	41	36	19
Middle Atlantic	102	33	72	49	31
Midwest	118	38	94	42	32
East North Central	93	34	71	39	21
West North Central	72	17	61	13	24
South	155	62	113	60	38
South Atlantic	124	46	94	50	29
East South Central	56	27	39	16	15
West South Central	74	31	50	30	20
West	160	36	123	65	54
Mountain	58	17	47	24	18
Pacific	150	32	114	60	51
County Type					
Large metropolitan	214	69	159	93	70
Small metropolitan	148	54	105	56	40
250,000 to 1,000,000	123	49	80	54	35
<250,000	84	23	67	18	19
Nonmetropolitan	106	36	84	36	19
Urbanized	51	23	34	28	9
Less urbanized	79	26	71	19	13
Completely rural	42	8	33	*	*
Family Income					
Less than $20,000	129	43	84	53	53
$20,000 to $49,999	156	62	113	64	37
$50,000 to $74,999	109	34	96	39	26
$75,000 or more	150	38	109	65	45
Government Assistance[2]					
Yes	129	44	91	56	46
No	245	81	187	98	71
Health Insurance					
Private	231	77	177	98	61
Medicaid/CHIP[3]	107	31	70	51	40
Other[4]	137	47	100	51	53
No coverage	63	29	47	23	19

Table SE.4.4 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Past Year Any Illicit Drug Use[5]					
Yes	113	36	75	55	42
No	250	88	193	99	70
Overall Health					
Excellent	117	36	85	58	40
Very good	142	48	111	56	38
Good	134	56	94	60	37
Fair/poor	130	39	101	50	51

* Low precision; no estimate reported.

[1] Retired, disabled, homemaker, student, or other.
[2] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.
[3] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.
[4] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).
[5] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.4.5 Standard Errors for Percent Distributions of Number of Outpatient Mental Health Visits among Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

		Number of Outpatient Visits for Mental Health Treatment			
Demographic/Socioeconomic Characteristic	**Total**	**1**	**2-10**	**11-25**	**≥26**
Total	0.00	0.76	1.10	0.87	0.68
Age in Years					
18-25	0.00	1.11	1.29	1.04	0.67
26-49	0.00	0.91	1.32	1.07	0.83
50 or older	0.00	1.75	2.65	2.01	1.65
Gender					
Male	0.00	1.26	2.00	1.55	1.13
Female	0.00	0.95	1.29	1.07	0.80
Hispanic Origin and Race					
Not Hispanic	0.00	0.77	1.12	0.89	0.71
White only	0.00	0.81	1.18	0.94	0.78
Black only	0.00	3.09	4.48	3.60	2.06
American Indian or Alaska Native only	0.00	*	*	*	*
Native Hawaiian or other Pacific Islander only	0.00	0.00	*	*	0.00
Asian only	0.00	*	*	*	*
More than one race	0.00	3.16	*	*	*
Hispanic	0.00	3.52	5.02	3.78	1.64
Education					
Less than high school	0.00	2.59	3.39	2.54	2.10
High school graduate	0.00	1.62	2.06	1.45	1.22
Some college	0.00	1.36	1.91	1.67	1.16
College graduate	0.00	1.06	2.01	1.64	1.24
Current Employment					
Full-time	0.00	1.04	1.53	1.14	0.82
Part-time	0.00	1.52	2.55	2.03	1.97
Unemployed	0.00	3.17	5.49	3.81	3.13
Not in the labor force[1]	0.00	1.55	2.19	1.80	1.33
Marital Status					
Married	0.00	1.14	1.62	1.10	0.88
Widowed	0.00	*	*	*	*
Divorced or separated	0.00	1.58	2.67	2.23	1.69
Never married	0.00	1.20	1.64	1.48	1.28

Table SE.4.5 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Geographic Division					
Northeast	0.00	1.62	2.39	1.96	1.40
New England	0.00	3.06	3.59	3.43	1.93
Middle Atlantic	0.00	1.85	3.13	2.36	1.91
Midwest	0.00	1.27	1.65	1.28	1.11
East North Central	0.00	1.61	1.91	1.66	1.05
West North Central	0.00	1.85	3.11	1.44	2.85
South	0.00	1.57	2.00	1.52	1.00
South Atlantic	0.00	2.15	2.85	2.20	1.35
East South Central	0.00	4.08	4.74	2.76	2.37
West South Central	0.00	2.66	3.34	2.75	1.90
West	0.00	1.42	2.68	2.19	1.96
Mountain	0.00	2.11	3.84	2.31	2.11
Pacific	0.00	1.82	3.51	3.03	2.71
County Type					
Large metropolitan	0.00	1.10	1.72	1.37	1.15
Small metropolitan	0.00	1.33	1.75	1.34	0.99
250,000 to 1,000,000	0.00	1.62	2.07	1.74	1.21
<250,000	0.00	2.11	2.80	1.62	1.76
Nonmetropolitan	0.00	1.62	2.18	1.65	0.84
Urbanized	0.00	3.18	3.78	3.87	1.37
Less urbanized	0.00	2.20	2.87	1.75	1.04
Completely rural	0.00	2.91	5.33	*	*
Family Income					
Less than $20,000	0.00	1.57	2.23	1.86	1.81
$20,000 to $49,999	0.00	1.40	1.77	1.41	0.89
$50,000 to $74,999	0.00	1.56	2.38	1.73	1.21
$75,000 or more	0.00	1.26	2.24	1.92	1.45
Government Assistance[2]					
Yes	0.00	1.87	2.75	2.27	1.90
No	0.00	0.81	1.18	0.92	0.73
Health Insurance					
Private	0.00	0.83	1.25	0.98	0.70
Medicaid/CHIP[3]	0.00	1.91	3.16	2.80	2.33
Other[4]	0.00	1.95	2.88	2.09	2.07
No coverage	0.00	3.05	3.69	2.46	2.11

Table SE.4.5 (continued)

Demographic/Socioeconomic Characteristic	Total	Number of Outpatient Visits for Mental Health Treatment			
		1	2-10	11-25	≥26
Past Year Any Illicit Drug Use[5]					
Yes	0.00	1.50	2.22	2.07	1.66
No	0.00	0.88	1.27	0.96	0.72
Overall Health					
Excellent	0.00	1.30	2.28	1.93	1.49
Very good	0.00	1.22	1.78	1.36	1.00
Good	0.00	1.64	2.19	1.80	1.19
Fair/poor	0.00	1.62	2.76	2.02	2.00

* Low precision; no estimate reported.

[1] Retired, disabled, homemaker, student, or other.

[2] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[3] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[4] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[5] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.4.6 Standard Errors for Estimated Numbers (in Thousands) of Adults Receiving Outpatient Mental Health Treatment in the Past Year, by Primary Payer for Their Outpatient Treatment and Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Primary Payer for Outpatient Mental Health Treatment[1]					
		Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type[2]	Free Treatment
Total	283	145	67	96	166	96	47
Age in Years							
18-25	45	25	9	7	24	16	15
26-49	193	108	53	41	121	66	40
50 or older	181	88	39	86	104	63	21
Gender							
Male	170	88	39	64	97	64	32
Female	213	107	53	71	134	78	35
Hispanic Origin and Race							
Not Hispanic	268	139	60	90	161	88	46
White only	251	136	48	80	154	81	42
Black only	70	20	29	33	34	26	16
American Indian or Alaska Native only	27	*	*	*	*	*	*
Native Hawaiian or other Pacific Islander only	6	*	*	*	*	*	*
Asian only	19	*	*	*	*	*	*
More than one race	29	*	*	*	*	*	1
Hispanic	72	24	30	*	40	31	11
Education							
Less than high school	101	46	38	59	36	32	23
High school graduate	139	51	45	52	88	55	21
Some college	129	69	25	49	78	45	23
College graduate	162	98	14	24	99	61	27
Current Employment							
Full-time	195	104	20	24	129	72	34
Part-time	93	57	21	31	54	30	15
Unemployed	41	*	12	4	26	13	9
Not in the labor force[3]	155	59	57	87	77	54	27
Marital Status							
Married	207	109	34	56	130	71	29
Widowed	59	*	*	*	*	*	*
Divorced or separated	127	49	41	53	78	55	19
Never married	119	67	35	40	54	39	30

Table SE.4.6 (continued)

Demographic/Socioeconomic Characteristic	Total	Primary Payer for Outpatient Mental Health Treatment[1]					
		Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type[2]	Free Treatment
Geographic Division							
Northeast	124	59	40	41	84	34	22
New England	67	30	21	29	47	19	6
Middle Atlantic	105	51	34	29	69	28	21
Midwest	119	64	29	33	75	39	14
East North Central	93	53	23	24	62	34	10
West North Central	74	36	17	23	41	19	9
South	155	81	42	59	93	50	28
South Atlantic	125	67	32	45	78	40	18
East South Central	58	24	17	*	32	13	10
West South Central	71	39	21	22	40	28	19
West	162	83	16	54	80	63	28
Mountain	58	32	9	14	34	26	15
Pacific							
County Type	151	77	13	52	73	57	23
Large metropolitan	216	112	46	76	126	77	38
Small metropolitan	151	71	41	51	88	46	20
250,000 to 1,000,000	126	55	38	37	72	41	18
<250,000	83	46	16	35	51	22	9
Nonmetropolitan	105	51	25	29	59	39	18
Urbanized	51	27	14	13	30	23	11
Less urbanized	79	38	18	25	47	27	12
Completely rural	41	*	6	7	*	*	*
Family Income							
Less than $20,000	131	44	59	71	49	48	30
$20,000 to $49,999	157	77	25	58	90	65	30
$50,000 to $74,999	111	58	6	14	82	39	16
$75,000 or more	150	94	11	25	91	43	13
Government Assistance[4]							
Yes	131	42	61	65	61	38	21
No	247	138	22	69	150	87	42
Health Insurance							
Private	232	126	17	57	161	77	34
Medicaid/CHIP[5]	109	35	64	61	24	31	15
Other[6]	139	47	35	87	62	52	19
No coverage	63	48	11	7	14	24	27

Table SE.4.6 (continued)

Demographic/Socioeconomic Characteristic	Total	Primary Payer for Outpatient Mental Health Treatment[1]					
		Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type[2]	Free Treatment
Past Year Any Illicit Drug Use[7]							
Yes	114	56	28	34	62	42	25
No	252	130	58	90	149	87	40
Overall Health							
Excellent	117	79	7	14	75	39	24
Very good	142	79	19	42	93	45	21
Good	135	71	29	47	76	54	27
Fair/poor	131	40	53	70	71	51	23

* Low precision; no estimate reported.

[1] The payers who paid (or will pay) the most for their outpatient mental health treatment.
[2] Rehabilitation program, employer, VA or other military program, other public or private sources.
[3] Retired, disabled, homemaker, student, or other.
[4] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.
[5] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.
[6] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).
[7] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.4.7 Standard Errors for Percent Distributions of Payers for Outpatient Mental Health Treatment among Adults Receiving Outpatient Treatment in the Past Year, by Selected Characteristics: 2000 and 2001

Demographic/Socioeconomic Characteristic	Total	Primary Payer for Outpatient Mental Health Treatment[1]					
		Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type[2]	Free Treatment
Total	0.00	1.04	0.56	0.77	1.09	0.75	0.40
Age in Years							
18-25	0.00	1.24	0.56	0.44	1.13	0.91	0.84
26-49	0.00	1.30	0.76	0.57	1.32	0.91	0.58
50 or older	0.00	2.29	1.14	2.34	2.62	1.77	0.64
Gender							
Male	0.00	1.91	0.94	1.46	2.00	1.52	0.78
Female	0.00	1.21	0.67	0.87	1.31	0.92	0.44
Hispanic Origin and Race							
Not Hispanic	0.00	1.08	0.54	0.77	1.11	0.73	0.42
White only	0.00	1.16	0.49	0.78	1.18	0.77	0.42
Black only	0.00	2.33	3.29	3.45	3.50	3.13	1.99
American Indian or Alaska Native only	0.00	*	*	*	*	*	*
Native Hawaiian or other Pacific Islander only	0.00	*	0.00	0.00	*	*	*
Asian only	0.00	*	*	*	*	*	*
More than one race	0.00	*	*	*	*	*	0.91
Hispanic	0.00	2.97	3.65	*	4.48	3.60	1.45
Education							
Less than high school	0.00	2.71	2.30	3.20	2.22	2.00	1.52
High school graduate	0.00	1.52	1.34	1.52	2.13	1.64	0.64
Some college	0.00	1.80	0.77	1.46	1.98	1.33	0.72
College graduate	0.00	1.96	0.35	0.60	1.89	1.41	0.70
Current Employment							
Full-time	0.00	1.38	0.33	0.39	1.52	1.09	0.55
Part-time	0.00	2.54	1.08	1.64	2.45	1.54	0.85
Unemployed	0.00	*	3.39	1.24	5.59	3.53	2.69
Not in the labor force[3]	0.00	1.59	1.52	2.07	1.88	1.39	0.74
Marital Status							
Married	0.00	1.56	0.58	0.92	1.62	1.15	0.49
Widowed	0.00	*	*	*	*	*	*
Divorced or separated	0.00	1.83	1.60	2.04	2.54	2.03	0.78
Never married	0.00	1.71	1.07	1.18	1.57	1.14	0.89

Table SE.4.7 (continued)

Demographic/Socioeconomic Characteristic	Total	Primary Payer for Outpatient Mental Health Treatment[1]					
		Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type[2]	Free Treatment
Geographic Division							
Northeast	0.00	1.82	1.46	1.49	2.43	1.33	0.83
New England	0.00	2.83	2.28	2.98	3.30	1.93	0.72
Middle Atlantic	0.00	2.33	1.87	1.62	3.27	1.78	1.21
Midwest	0.00	1.92	0.97	1.09	1.77	1.30	0.48
East North Central	0.00	2.33	1.10	1.10	2.11	1.61	0.50
West North Central	0.00	3.37	1.97	2.62	3.20	2.14	1.08
South	0.00	1.86	1.14	1.53	2.04	1.33	0.77
South Atlantic	0.00	2.70	1.61	2.03	2.92	1.89	0.88
East South Central	0.00	3.84	2.62	*	4.14	2.24	1.69
West South Central	0.00	3.10	1.94	2.12	3.56	2.55	1.86
West	0.00	2.75	0.60	1.90	2.42	1.88	1.05
Mountain	0.00	3.24	0.99	1.51	3.13	2.85	1.58
Pacific							
County Type	0.00	3.77	0.75	2.70	3.25	2.41	1.34
Large metropolitan	0.00	1.58	0.75	1.21	1.67	1.18	0.63
Small metropolitan	0.00	1.65	1.07	1.27	1.63	1.12	0.55
250,000 to 1,000,000	0.00	1.82	1.33	1.28	1.76	1.36	0.67
<250,000	0.00	3.49	1.56	3.07	3.94	1.93	0.92
Nonmetropolitan	0.00	2.07	1.17	1.35	2.22	1.69	0.88
Urbanized	0.00	3.57	2.09	1.93	4.00	3.17	1.72
Less urbanized	0.00	2.62	1.59	2.05	3.08	2.14	1.05
Completely rural	0.00	*	2.67	2.94	*	*	*
Family Income							
Less than $20,000	0.00	1.56	1.95	2.33	1.69	1.58	1.11
$20,000 to $49,999	0.00	1.60	0.62	1.35	1.70	1.47	0.71
$50,000 to $74,999	0.00	2.32	0.30	0.66	2.59	1.72	0.77
$75,000 or more	0.00	2.38	0.37	0.85	2.28	1.42	0.45
Government Assistance[4]							
Yes	0.00	1.72	2.37	2.45	2.31	1.55	0.92
No	0.00	1.17	0.24	0.70	1.19	0.84	0.45
Health Insurance							
Private	0.00	1.18	0.19	0.64	1.29	0.83	0.38
Medicaid/CHIP[5]	0.00	1.99	3.15	3.07	1.47	1.82	0.93
Other[6]	0.00	1.90	1.50	2.85	2.35	2.05	0.79
No coverage	0.00	3.48	1.30	0.78	1.70	2.46	2.87

Table SE.4.7 (continued)

Demographic/Socioeconomic Characteristic	Total	Primary Payer for Outpatient Mental Health Treatment[1]: Self/Family	Medicaid	Medicare	Private Health Insurance	Some Other Type[2]	Free Treatment
Past Year Any Illicit Drug Use[7]							
Yes	0.00	2.09	1.17	1.42	2.05	1.56	1.06
No	0.00	1.15	0.60	0.89	1.25	0.87	0.42
Overall Health							
Excellent	0.00	2.31	0.26	0.55	2.28	1.44	0.90
Very good	0.00	1.76	0.52	1.09	1.90	1.13	0.57
Good	0.00	1.89	0.91	1.44	2.01	1.60	0.86
Fair/poor	0.00	1.59	2.08	2.57	2.54	1.92	0.96

***** Low precision; no estimate reported.

[1] The payers who paid (or will pay) the most for their outpatient mental health treatment.
[2] Rehabilitation program, employer, VA or other military program, other public or private sources.
[3] Retired, disabled, homemaker, student, or other.
[4] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.
[5] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.
[6] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).
[7] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.

Table SE.7.1 Standard Errors for Estimated Numbers (in Thousands) and Percentages of Adults Perceiving Unmet Need for Mental Health Treatment, by Receipt of Mental Health Treatment and Selected Characteristics: 2000 and 2001

	Estimated Number with Unmet Need[1]			Percent		
Demographic/Socioeconomic Characteristic	Total	Received Treatment	Did Not Receive Treatment	Total	Receive Treatment	Did Not Receive Treatment
Total	211	156	146	0.10	0.66	0.08
Age in Years						
18-25	52	31	36	0.16	0.92	0.13
26-49	166	115	122	0.17	0.86	0.14
50 or older	114	88	70	0.15	1.19	0.10
Gender						
Male	121	79	89	0.13	0.98	0.10
Female	160	125	105	0.15	0.83	0.12
Hispanic Origin and Race						
Not Hispanic	203	148	142	0.11	0.68	0.09
White only	191	137	131	0.13	0.71	0.10
Black only	53	44	36	0.24	2.51	0.17
American Indian or Alaska Native only	30	*	16	2.82	*	1.92
Native Hawaiian or other Pacific Islander only	5	*	5	1.00	*	0.92
Asian only	19	*	17	0.27	*	0.25
More than one race	29	*	26	1.84	*	1.99
Hispanic	62	43	43	0.29	2.93	0.22
Education						
Less than high school	90	65	58	0.26	1.75	0.18
High school graduate	110	76	75	0.16	1.11	0.12
Some college	103	71	71	0.21	1.19	0.16
College graduate	107	72	78	0.21	1.19	0.17
Current Employment						
Full-time	156	112	109	0.13	0.96	0.10
Part-time	74	52	56	0.30	1.63	0.26
Unemployed	36	29	22	0.76	3.93	0.56
Other[2]	110	87	66	0.19	1.09	0.13

Table SE.7.1 (continued)

Demographic/Socioeconomic Characteristic	Estimated Number with Unmet Need[1]			Percent		
	Total	Received Treatment	Did Not Receive Treatment	Total	Receive Treatment	Did Not Receive Treatment
Marital Status						
Married	139	93	102	0.12	0.80	0.10
Widowed	43	36	23	0.32	2.85	0.19
Divorced or separated	104	77	67	0.41	1.66	0.32
Never married	102	69	73	0.21	1.17	0.18
Geographic Division						
Northeast	76	48	55	0.20	1.04	0.16
New England	50	30	33	0.52	1.85	0.39
Middle Atlantic	57	38	44	0.20	1.24	0.17
Midwest	70	59	52	0.15	1.09	0.13
East North Central	54	42	42	0.16	1.19	0.14
West North Central	45	41	31	0.32	2.35	0.25
South	127	80	93	0.17	1.11	0.14
South Atlantic	94	60	68	0.25	1.60	0.20
East South Central	47	30	29	0.35	2.17	0.26
West South Central	71	44	56	0.33	2.03	0.28
West	133	110	83	0.29	1.92	0.21
Mountain	48	29	37	0.33	1.74	0.32
Pacific	125	106	74	0.39	2.71	0.27
County Type						
Large metropolitan	161	122	120	0.16	1.10	0.13
Small metropolitan	115	78	73	0.18	1.04	0.13
250,000 to 1,000,000	96	67	61	0.20	1.18	0.15
<250,000	66	46	41	0.38	2.34	0.27
Nonmetropolitan	77	56	50	0.18	1.21	0.13
Urbanized	41	30	31	0.32	2.17	0.27
Less urbanized	58	42	38	0.22	1.56	0.17
Completely rural	34	23	17	0.71	3.75	0.38

Table SE.7.1 (continued)

Demographic/Socioeconomic Characteristic	Estimated Number with Unmet Need[1]			Percent		
	Total	Received Treatment	Did Not Receive Treatment	Total	Receive Treatment	Did Not Receive Treatment
Family Income						
Less than $20,000	109	81	68	0.26	1.36	0.19
$20,000 to $49,999	133	94	97	0.17	1.10	0.14
$50,000 to $74,999	88	66	57	0.24	1.67	0.17
$75,000 or more	82	49	64	0.18	1.06	0.16
Government Assistance[3]						
Yes	97	77	61	0.38	1.61	0.29
No	191	133	131	0.11	0.71	0.08
Health Insurance						
Private	163	124	113	0.10	0.75	0.08
Medicaid/CHIP[4]	79	65	47	0.47	1.78	0.36
Other[5]	92	76	52	0.20	1.42	0.13
No coverage	87	53	67	0.36	2.65	0.30
Past Year Any Illicit Drug Use[6]						
Yes	110	83	75	0.47	1.70	0.39
No	170	121	125	0.09	0.65	0.08
Overall Health						
Excellent	84	50	67	0.15	1.16	0.13
Very good	108	68	81	0.16	1.03	0.13
Good	107	74	76	0.21	1.19	0.17
Fair/poor	113	90	63	0.44	1.59	0.31

*Low precision; no estimate reported.

[1] Unmet need is defined as a perceived need for mental health treatment or counseling that was not received. Mental health treatment or counseling is defined as having received inpatient care, outpatient care, or using prescription medication for mental or emotional problems.

[2] Retired, disabled, homemaker, student, or other.

[3] Government assistance includes the following programs: supplemental security income, food stamps, cash assistance, and noncash assistance.

[4] Children's Health Insurance Program. Individuals aged 20 or older are not eligible for this plan.

[5] Medicare, CHAMPUS, TRICARE, CHAMPVA, the VA, military health care, or any other program that provides or pays for medical care (not including Medicaid/CHIP or private health insurance).

[6] Any illicit drug indicates use at least once of marijuana/hashish, cocaine (including crack), heroin, hallucinogens (including LSD and PCP), inhalants, or any prescription-type psychotherapeutic used nonmedically.

Source: SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse, 2000 and 2001.