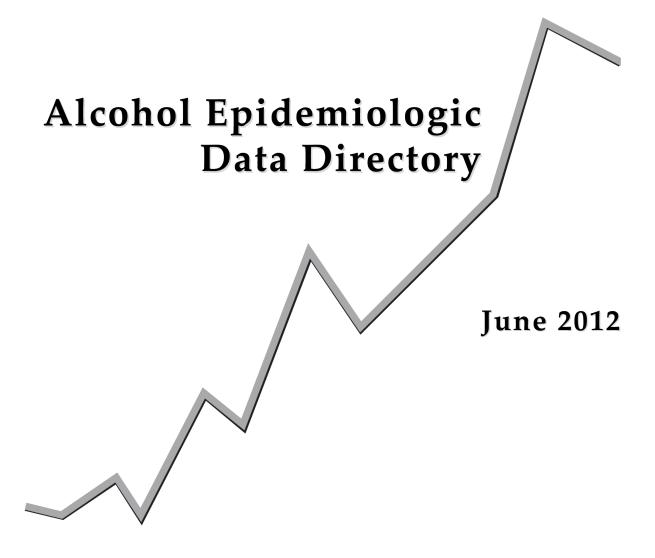Alcohol Epidemiologic Data System
Division of Epidemiology and Prevention Research
National Institute on Alcohol Abuse and Alcoholism

Alcohol Epidemiologic Data Directory

June 2012

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INTRODUCTION

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

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

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

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

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

> Alcohol Epidemiologic Data System
> CSR, Incorporated
> 2107 Wilson Blvd., Suite 1000
> Arlington, VA 22201
> Phone: (703) 312-5220
> Fax: (703) 312-5230
> Email: AEDSinfo@csrincorporated.com

Section 1:

National Health and Alcohol Data Sets

Alcohol and Drug Services Study (ADSS)—1996–97, 1997–99, and 1998–99

Sponsoring Agency:

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

Contact:

Anita Gadzuk
Office of Applied Studies
SAMHSA
1 Choke Cherry Road, Room 7-1007
Rockville, MD 20857
(240) 276-1266
http://www.samhsa.gov/data/ADSS.aspx

Availability:

Data files are available for download from
http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/03088.xml.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

ADSS uses a sample of 2,395 treatment facilities. The sample is stratified to reflect the types of care offered in substance abuse treatment including hospitals, nonhospital residential treatment facilities, outpatient methadone treatment facilities, outpatient nonmethadone treatment facilities, and outpatient combined methadone and nonmethadone treatment facilities serving predominantly alcohol-abusing clients, and other facilities with undetermined types of care. Approximately 300 facilities per stratum were subsampled by a site visit. Patient-level information is collected on a sample of client records from 280 facilities in Phase 2. Phase 3 interviews are randomly selected from clients included in Phase 2.

Alcohol Variables:

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

Other Variables:

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

Behavioral Risk Factor Surveillance System (BRFSS)—1984–2010, Annually

Sponsoring Agency:

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

Contact:

National Center for Chronic Disease Prevention and Health Promotion
Centers for Disease Control and Prevention
4770 Buford Highway, NE, Mailstop K-66
Atlanta, GA 30341
http://www.cdc.gov/brfss/

Availability:

Data files in SAS transport format are available for download from
http://www.cdc.gov/brfss/technical_infodata/surveydata.htm.

Overview:

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

Survey Design/Methodology:

BRFSS is conducted in each participating state on a probability sample of the adult population ages 18 and older. Telephone interviews are conducted during a 2-week period each month throughout the year. Most states use a disproportionate stratified sample (DSS) design. A few states used a Mitofsky-Waksberg design or a simple random sample design. Deviations from sampling frame and weighting protocols exist among states. Initially conducted with paper-administered survey forms, interviews are now conducted through computer-assisted telephone interviewing (CATI). In 2009, the BRFSS implemented the Cell Phone Survey in all states and territories.

Sample Characteristics:

BRFSS samples vary in size from state to state and from year to year, depending on the number of states participating and the availability of funds. In 2010, there were a total of 451,075 respondents from all states and territories. The BRFSS is designed to collect state-level data, but some regional prevalence estimates are possible from a number of states that stratify their samples.

Alcohol Variables:

Alcohol variables were asked in reference to the past month or the past 30 days, including frequency of consumption, average number of drinks consumed per occasion, having 5 or more drinks per occasion, and driving after drinking. Alcohol questions were included in the core questionnaire before 1994. Beginning in 1994, the alcohol section rotated between the core questionnaire and optional modules. Eleven states responded to alcohol questions in 1994, all states responded in 1995, 17 in 1996, all in 1997, 12 in 1998, all in 1999, and 11 in 2000. Five states added their own alcohol questions in 2000. With the exception of Hawaii in 2004, all states responded in 2001–2010.

Other Variables:

BRFSS covers demographics, health status, health care access, family planning, asthma, diabetes, oral health, diet, immunization, seatbelt use, history of hypertension, frequency of physical exercise, amount of recreational activity, access and storage of firearms, mammography, exposure to stress, smoking, women's health, HIV/AIDS and prevention behaviors (e.g., annual checkups, cancer screening, etc.). Optional modules allow states to address emerging health issues.

Drug Services Research Survey (DSRS)—1990

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

Contact:
Anita Gadzuk
Office of Applied Studies
SAMHSA
1 Choke Cherry Road
Rockville, MD 20857
(240) 276-1266
http://www.oas.samhsa.gov/systems.htm#dsrs

Availability:
Data files are available for download from
http://www.icpsr.umich.edu/cocoon/SAMHDA/STUDY/03393.xml

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

Survey Design/Methodology:
DSRS consists of two components, a facility-based telephone interview with a representative sample of drug treatment providers, followed by a record-based survey of patients discharged from treatment. In the first phase, facility-level information was collected from facility directors. In the second phase, patient-level information was abstracted from records of sampled patients discharged during the 12-month period from September 1, 1989, through August 31, 1990.

Sample Characteristics:
DSRS uses a stratified random sample of 1,803 treatment facilities in the coterminous United States that was drawn from the 1990 NDATUS. Among them, 1,183 participated in the facility-based telephone interviews. A subsample of 120 facilities participated in site visits to abstract information from patient records. Client record-based data were collected on a sample of 2,222 discharged patients.

Alcohol Variables:
Facility variables include treatment modality, length of stay, principal drug of use for clients in treatment, treatment history, history of use, and source.

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

Fatality Analysis Reporting System (FARS)—1975–2009

Sponsoring Agency:

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

Contact:

Louann Hall
National Center for Statistics and Analysis
NHTSA
1200 New Jersey Avenue, SE, West Building
Washington, DC 20590
(202) 366-4199 or 1-800-934-8517
http://www-fars.nhtsa.dot.gov

Availability:

Data can be downloaded in SAS or ASCII format from ftp://ftp.nhtsa.dot.gov/fars.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The total number of FARS cases varies from year to year. In 2009, FARS reported 30,797 fatal traffic crashes that resulted in 33,808 deaths.

Alcohol Variables:

Alcohol variables include judgment calls made by police officers on alcohol involvement and results of blood alcohol concentration (BAC) tests. Since 1984, NHTSA has used statistical methods to estimate BAC values for drivers with unknown BAC levels. The imputed BAC data are provided in separate data files.

Other Variables:

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

Healthcare Cost and Utilization Project (HCUP) Nationwide Emergency Department Sample (NEDS)—2006–2009

Sponsoring Agency:

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

Contact:

User Support
Healthcare Cost and Utilization Project
AHRQ
540 Gaither Road
Suite 5000
Rockville, MD 20850
(301) 427-1364 or 1-866-290-4287
http://www.ahcpr.gov/data/hcup

Availability:

Summary statistics are available at http://www.hcup-us.ahrq.gov/db/nation/neds/nedssummstats.jsp. Data for 2006–2009 are available for purchase from the HCUP Central Distributor at http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp; Phone (866) 556-4287 (toll free); Fax (866) 792-5313; E-mail HCUPdistributor@ahrq.gov

Overview:

HCUP is a partnership among Federal and state agencies and private industry focusing on health care data collection. It includes patient data from all payer sources. HCUP's objectives are to (1) obtain data from statewide information sources, (2) design and develop a multistate health care database for health services research and health policy analysis, and (3) release data to a broad set of public and private users. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including effects of market forces on hospitals and the care they provide, variations in medical practice, effectiveness of medical technology and treatments, and use of services by special populations. NEDS, a part of HCUP, is a database containing patient-level information on emergency department (ED) visits across the country.

Survey Design/Methodology:

NEDS was constructed using the HCUP State Emergency Department Databases (SEDD) and the State Inpatient Databases (SID). The SEDD capture discharge information on ED visits that do not result in a hospital admission (i.e., treat-and-release visits and transfers to another hospital). The SID contain information on patients initially seen in the emergency room and then admitted to the same hospital. NEDS uses a stratified probability sample of U.S. hospital-based EDs. All visits within the sample of selected EDs are included in NEDS.

Sample Characteristics:

As the largest publicly available all-payer ED visits database in the United States, NEDS contains data on ED visits at over 950 hospitals, approximating a 20-percent sample of U.S. hospital-based EDs. The number of states involved is listed as follows: 2006 (24 states), 2007 (27 states), 2008 (28 states), and 2009 (29 states).

Alcohol Variables:

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

Other Variables:

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

Healthcare Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS)—1988–2009

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

Contact:
User Support
Healthcare Cost and Utilization Project
AHRQ
540 Gaither Road
Suite 5000
Rockville, MD 20850
(301) 427-1364 or 1-866-290-4287
http://www.ahcpr.gov/data/hcup

Availability:
Summary statistics are available at http://www.hcup-us.ahrq.gov/db/nation/nis/nissummstats.jsp. Data for 1988–2009 are available for purchase from the HCUP Central Distributor at http://www.hcup-us.ahrq.gov/tech_assist/centdist.jsp; Phone (866) 556-4287 (toll free); Fax (866) 792-5313; E-mail HCUPdistributor@ahrq.gov

Overview:
HCUP is a Federal-state-industry partnership in health care data collection. It includes inpatient data from all payer sources. HCUP's objectives are to (1) obtain data from statewide information sources, (2) design and develop a multistate health care database for health services research and health policy analysis, and (3) release data to a broad set of public and private users. HCUP data allow for comparative studies of health care services and the use and cost of hospital care, including the effects of market forces on hospitals and the care they provide, variations in medical practice, the effectiveness of medical technology and treatments, and use of services by special populations. The Nationwide Inpatient Sample (NIS), part of HCUP, is a database containing patient-level information on inpatient hospital stays.

Survey Design/Methodology:
NIS examines discharge data from hospitals in states that have agreed to provide the project with payer data on hospital inpatient stays. Inpatient stay records include clinical and resource use information typically available from discharge abstracts. Hospital and discharge weights are provided for national estimates. Discharge data can be linked to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals and to county-level data from the Area Resource File from the Bureau of Health Professions (except in those states that do not allow the release of hospital identifiers).

Sample Characteristics:
NIS is a stratified probability sample of U.S. hospitals proportional to the number of community hospitals in each stratum. NIS contains discharge data from about 1,000 hospitals, approximating a 20-percent sample of U.S. community hospitals. Data include 5 million to 8 million hospital inpatient records. Data releases and the number of states involved are listed as follows: Release 1 Data: 1988–92 (8 states in 1988; 11 in 1989–92); Release 2 Data: 1993 (17 states); Release 3 Data: 1994 (17 states); Release 4 Data: 1995 (19 states); Release 5 Data: 1996 (19 states); Release 6 Data: 1997 (22 states); Release 7 Data: 1998 (22 states); Release 8 Data: 1999 (24 states); Release 9 Data: 2000 (28 states); Release 10 Data: 2001 (33 states); Release 11 Data: 2002 (35 states); Release 12 Data: 2003 (37 states); Release 13 Data: 2004 (37 states); 2005 (37 states); 2006 (38 states); 2007 (40 states); 2008 (42 states); and 2009 (44 states). (Beginning in data year 2005, data releases are only indicated by year.)

Alcohol Variables:
NIS contains alcohol-related diagnoses that may be analyzed by geographic region, hospital ownership, urban/rural location, and quality-of-care outcomes.

Other Variables:
NIS includes other key variables such as principal diagnosis, any listed diagnosis, principal procedure, any listed procedure, DRG (diagnosis related group) in effect on discharge, age, race, sex, death during hospitalization, length of stay, primary and secondary payer, and income.

National Alcohol Survey (NAS)—1964–65, 1967, 1969, 1974, 1979, 1984, 1990, 1992, 1995–1996, 2000–2001, and 2005

Sponsoring Agency:

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

Contact:

Public Health Institute
Alcohol Research Group
6475 Christie Avenue, Suite 400
Emeryville, CA 94608-1010
(510) 597-3440
http://www.arg.org/

Availability:

The N11 and earlier national data and documentation from NAS are available on request from AEDS (AEDSinfo@csrincorporated.com)

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The number of respondents varies each year as shown below:

Survey	Year	Sample Size	Population
N1	1964–1965	2,746	Adults, excl. AK and HI
N2	1967	1,359	N1 respondents, reinterviewed
N3	1969	978	Men, ages 21–59
N4	1974	725	N3 respondents, reinterviewed
N5	1974	901	N2 respondents, reinterviewed
N6	1979	1,772	Adults, ages 18+
N7	1984	5,221	Adults, ages 18+
N8	1990	2,058	Adults, ages 18+
		1,110	Youth supplement, ages 12–30

Survey	Year	Sample Size	Population
N7 Follow-up	1992	2,247	N7 respondents, reinterviewed
		583	New youth respondents—ages 18–25
N8 Follow-up	1992–1993	1,027	N8 respondents, subset for interview mode stud
		261	Family members of teens (12–17) from N8 main sample, reinterviewed
N9	1995–1996	4,925	Adults, ages 18+
N10	2000–2001	7,612	Adults, ages 18+
		411	4 City Interview Mode study
		1,021	San Francisco ages 18–40
N11	2005	6,919	Adults, ages 18+

Alcohol Variables:

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

Other Variables:

Demographics include age, race, sex, geographic region, education, income, and others. Other variables include attitudes and values concerning violence, injury, risk-taking behaviors, substance use, illegal behaviors, arrests, and convictions.

National Ambulatory Medical Care Survey (NAMCS)—1973–1992 and 1993–2009

Sponsoring Agency:

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

Contact:

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

Availability:

Data files are available for download from http://www.cdc.gov/nchs/ahcd.htm.

Overview:

NAMCS is a national survey designed to meet the need for objective, reliable information about the provision and use of ambulatory medical care services in the United States.

Survey Design/Methodology:

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

Sample Characteristics:

NAMCS sample sizes of patients vary from year to year. The sampling rate varies from a 100-percent sample for very small practices to a 20-percent sample for very large practices. During 2009, NAMCS collected a total of 32,281 patient record forms from 1,293 physicians, a sample reflecting 1.04 billion office visits made in the United States.

Alcohol Variables:

Alcohol use or alcohol-related conditions cited as a reason for the visit are coded only when mentioned by the patient.

Other Variables:

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

National Automotive Sampling System—General Estimates System (GES)—1988–2010, Annually

Sponsoring Agency:

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

Contact:

National Center for Statistics and Analysis
NHTSA
1200 New Jersey Avenue, SE, West Building
Washington, DC 20590
(202) 366-4199 or 1-800-934-8517
http://www.nhtsa.gov/Data

Availability:

Data can be downloaded in SAS or ASCII formats from ftp://ftp.nhtsa.dot.gov/ges/.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

GES uses a sample of Police Accident Reports (PARs) involving at least one motor vehicle traveling on a traffic way and resulting in property damage, injury, or death. Approximately 50,000 PARs on accidents of all types, from minor to serious, are sampled each year. Information is collected at the accident, vehicle/driver, and person level.

Alcohol Variables:

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

Other Variables:

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

National Comorbidity Survey (NCS)—1990–92, Replication (NCS-R)—2001–2003

Sponsoring Agency:

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

Contact:

Nancy Sampson
Project Director
Health Care Policy
Harvard Medical School
180 Longwood Avenue
Boston, MA 02115-5821
(617) 432-2279
www.hcp.med.harvard.edu/ncs
– OR –

Inter-University Consortium for Political and Social Research (ICPSR)
University of Michigan
P.O. Box 1248
Ann Arbor, MI 48106-1248
(734) 615-9524 or 1-888-741-7242 (SAMHDA Helpline)
http://www.icpsr.umich.edu/SAMHDA/help/contact.html

Availability:

Data files are available for download from
http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/06693/version/6 (1990-1992) and
http://www.icpsr.umich.edu/icpsrweb/CPES/files/ncsr (2001-2003).

Overview:

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

Survey Design/Methodology:

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

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

Sample Characteristics:

NCS uses a stratified, multistage area probability sample of persons ages 15 to 54 from the civilian, noninstitutionalized population in the 48 contiguous states. The NCS household sample included more than 8,000 respondents. The NCS-2 was completed by a subsample of 5,877 respondents. The Tobacco Use Supplement was completed by a subsample of 4,414 respondents.

NCS-R interviewed adults ages 18 and older, rather than in the NCS-1 age range of 15–54. The NCS-R sample included over 9,000 respondents in Part I. Part II was administered only to a subsample of Part I respondents, including all Part I respondents with a lifetime disorder plus a probability subsample of other respondents.

Alcohol Variables:

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

Other Variables:

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

National Crime Victimization Survey (NCVS)—1973–2010, Annually

Sponsoring Agency:

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

Contact:

Victimization Statistics
BJS
810 Seventh Street, NW
Washington, DC 20531
(202) 307-0765
http://bjs.ojp.usdoj.gov/index.cfm?ty=dcdetail&iid=245

Availability:

Data files for 1992–2010 are available for download from
http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/95. Contact BJS for information about other NCVS data available on CD-ROM.

Overview:

NCVS collects data on the prevalence of personal and household victimization in the United States and permits comparisons over time and types of areas. The program has four primary objectives: to develop detailed information about the victims and consequences of crime, to estimate the numbers and types of crimes not reported to the police, to provide uniform measures of selected types of crimes, and to permit comparisons over time and types of areas. A School Crime Supplement was conducted in 1989, 1995, 1999, 2001, 2003, 2005, 2007, and 2009 studying students ages 12 to 19 (ages 12 to 18 since 1999) in schools leading toward diplomas. NCVS was redesigned in 1992 to improve data on sexual assaults and domestic violence and to improve recall ability.

Survey Design/Methodology:

NCVS is an ongoing national probability survey of residential addresses in selected U.S. cities using a stratified multistage cluster sample. Data are collected quarterly, and six quarters comprise an annual file (four in the current year and the first two quarters of the following year). NCVS data are collected by telephone and in-person interviews. A number of methodological changes were implemented in the NCVS in 2006 that affected the victimization rate estimates for that year. These effects were reversed in 2007, suggesting that the 2006 findings represent a temporary anomaly in the data.

Sample Characteristics:

NCVS target population is individuals ages 12 and older living in households and group quarters within the United States and the District of Columbia. The sample of housing units is divided into 6 rotation groups, and each group is interviewed every 6 months for a period of 3½ years. In 2010, the NCVS included 106,971 households and 167,444 persons. The NCVS has consistently obtained a response rate of about 95 percent.

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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Availability:

For confidentiality reasons, NESARC data have been designated as restricted access. Please contact Dr. White for data access.

Overview:

NESARC was designed to assess the prevalence of alcohol use disorders (AUD) and their associated disabilities in the general population. The survey is the largest ever comorbidity study of multiple mental health disorders among U.S. adults, including alcohol and other substance use disorders, personality disorders, and anxiety and mood disorders. NESARC is designed to be a longitudinal survey with the first wave fielded in 2001–2002. The second wave of interviews was completed in 2004–2005 and used the same sample of respondents.

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

Respondents were asked about their alcohol consumption behavior (e.g., drinking status, age of drinking onset, and beverage-specific drinking amounts and patterns). Lifetime as well as past 12-month alcohol abuse and dependence were measured by symptom questions according to the DSM-IV criteria, using the NIAAA Alcohol Use Disorders and Associated Disabilities Interview Schedule–DSM-IV (AUDADIS-IV). Alcohol variables also include alcohol treatment utilization and family history of alcoholism. Changes between Wave 1 and Wave 2 were reported.

Other Variables:

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

National Health and Nutrition Examination Survey I (NHANES I)—1971–75

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

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

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

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

Survey Design/Methodology:
NHANES I used a multistage, stratified probability sample of clusters of persons ages 1 to 74, with oversampling of certain population subgroups, e.g., persons living in poverty areas, women of childbearing age (ages 25–44), and elderly persons (ages 65 and older). Data are weighted to represent the civilian, noninstitutionalized population of the U.S., excluding Alaska, Hawaii, and persons residing on Indian reservations. During 1971–1979 extensive data were collected through interviews, physical examinations, a battery of clinical measures, and various laboratory tests. On the entire sample these data include a general medical history, 24-hour dietary intake, food frequency interview, food program questionnaire, general medical exam including dental, dermatological, and ophthalmological exams; anthropometric measures; and 24 hematological, blood chemistry, and urological lab determinations. Hand–wrist x-rays were performed on children ages 1–17, and additional clinical and laboratory tests were performed on a subset of sampled adults ages 25–74.

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

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

Alcohol Variables:
The NHANES I medical exam includes four alcohol questions:
- During the last year, have you had at least one drink of beer, wine, or liquor?
- How often do you drink?
- Which do you most frequently drink (beer, wine, liquor)?
- When you do drink (beer/wine/liquor), how much do you usually drink over 24 hours?

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

Other Variables:
Demographic variables include age, sex, race, education, occupation, employment status, marital status, income, language, and ancestry/national origin. Other variables include participation in public assistance programs, housing type and facilities, results of the medical history, 24-hour dietary intake, food frequency interview, food program questionnaire, plus the general medical exams and laboratory tests.

National Health and Nutrition Examination Survey I Epidemiologic Follow-up Studies (NHEFS82)—1982–84

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/nhanes/nhefs/nhefs.htm

Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

NHEFS82 alcohol variables are derived from rather detailed drinking questions:

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

Other Variables:

Other NHEFS82 variables include demographics (age, sex, race, education, occupation, income, employment status, marital status), medical history (medical conditions), nutrition (dietary recall and food frequency), physical examination, and other measurements.

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

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

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Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The NHEFS86 cohort consisted of 3,980 subjects ages 55 and older at NHANES I who were not known to be deceased in NHEFS82.

Alcohol Variables:

Alcohol (drinking) variables in NHEFS86 included five questions:

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

Other Variables:

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

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

Sponsoring Agency:

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Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

At the end of the data collection period for NHEFS87, 11,018 of the 11,750 members of the NHEFS cohort had been successfully tracked. Interviews were conducted for 9,998 subjects (a response rate of 91%). In addition, 7,361 facility stay records were collected for 3,472 subjects, and death certificates were obtained for 524 of the 555 subjects who were deceased since last contact.

Alcohol Variables:

NHEFS87 alcohol variables were derived from the following:

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

Other Variables:

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

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

Sponsoring Agency:

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

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Availability:

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

Overview:

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

Survey Design/Methodology:

NHEFS92 consists of all living respondents from the NHANES I cohort who completed a medical examination at the baseline survey (14,407).

Sample Characteristics:

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

Alcohol Variables:

Alcohol questions consist of the following:

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

Other Variables:

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

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

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/nhanes/nhanesii.htm

Availability:

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

Overview:

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

Survey Design/Methodology:

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

NCHS has conducted a linkage of NHANES II with records in the National Death Index (1976–2000) and the Medicare Utilization and Expenditure data (1962–2000). The linkage of the NHANES II survey participants with the other data provides opportunities to conduct studies designed to investigate the association of a variety of health factors with disability, chronic disease, health care utilization, morbidity, and mortality.

Sample Characteristics:

NHANES II sampled 27,801 persons, of which 20,322 were given medical exams.

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/data_access/data_linkage/mortality/nhanesii_linkage.htm

Availability:

Data files are available for download from
ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Datasets/NH2MS.

Overview:

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

Survey Design/Methodology:

NH2MS mortality status was ascertained by searching two computerized databases containing information on deaths occurring in the U.S.: The National Death Index (NDI), compiled by NCHS, and the Social Security Administration's (SSA) Death Master File. NH2MS's design differs from that of the NHEFS series in that it is entirely passive. As a passive follow-up, NH2MS subjects were not recontacted NHANES II participants, nor were all death certificates obtained. Mortality status was ascertained solely by computerized matching to national databases and evaluation of the resulting matches. The length of the follow-up periods ranges from 26 to 30 years.

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/nhanes/nh3data.htm

Availability:

Data files are available for download from http://www.cdc.gov/nchs/nhanes/nh3data.htm. Due to confidentiality requirements, the NHANES III linked data files only are available for analysis through the NCHS Research Data Center (http://www.cdc.gov/rdc/).

Overview:

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

Survey Design/Methodology:

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

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

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

National Health and Nutrition Examination Survey (Continuous NHANES)— 1999–2010

Sponsoring Agency:

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

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

Availability:

Data files are available for download from http://www.cdc.gov/nchs/nhanes/nhanes_questionnaires.htm.

Overview:

The latest NHANES began in 1999 and became a continuous program, which will have a changing focus on a variety of health and nutrition measurements to meet emerging needs. The survey was designed to obtain nationally representative information on the health and nutritional status of the population of the United States through interviews and direct physical examinations.

Survey Design/Methodology:

Unlike NHANES III, which was designed to be nationally representative over a 3- or 6-year period, the new continuous NHANES is annually representative. The survey examines a nationally representative sample of about 5,000 persons each year. These persons are located in counties across the country, 15 of which are visited each year. All selected persons were asked to complete an extensive interview. More than 90 percent of those were given a physical examination either in a mobile examination center (MEC) or at home. The data are contained in more than 50 separate files under the broad categories: Demographic Data, Examination Data, Laboratory Data, and Questionnaire Data.

Sample Characteristics:

NHANES samples include persons in the civilian, non-institutionalized population ages 2 months and older. Certain demographic subgroups, including adolescents 15–19 and persons 60 and older, African Americans, and Mexican Americans are oversampled to enable accurate estimates for these groups. Starting in 2007, a new sampling methodology was implemented that oversampled all Hispanics, not just Mexican Americans. Also beginning in 2007, the 12–15 and 16–19 age

domains were combined, and the 40–59 age minority domains were split into domains 40–49 and 50–59. Participation in laboratory tests depends on respondent age at interview and sex. Data from the continuous NHANES are released in 2-year period cycles and are currently available for 1999–2000, 2001–2002, 2003–2004, 2005–2006, 2007–2008, and 2009–2010 with about 10,000 respondents per period.

Alcohol Variables:

Respondents ages 20 and older were asked about their lifetime and past year alcohol use. The past year questions include the number of drinking days, number of drinks per day on drinking days, number of days consumed 5+ drinks, and ever a time in life consuming 5+ drinks almost every day. In addition, the amount of alcohol consumed in the 24 hours before the interview and the frequency of beer, wine, and liquor consumption in the past 30 days were asked.

Respondents ages 12–19 were asked about the number of days having 1+ drinks in life, and past-month alcohol use, including the number of days having 1+ drinks and 5+ drinks. However, these variables are not released to the public. They can be analyzed through the NCHS Research Data Center.

Other Variables:

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

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

Sponsoring Agency:

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

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3311 Toledo Road
Hyattsville, MD 20782-2003
(301) 458-4901 or 1-800-232-4636
http://www.cdc.gov/nchs/nhis.htm

Availability:

NHIS data files for 1963–1996 are available for download from
http://www.cdc.gov/nchs/nhis/quest_data_related_1996_prior.htm. Due to confidentiality requirements, the NHIS linked data files only are available for analysis through the NCHS Research Data Center (http://www.cdc.gov/rdc/).

Overview:

Since its inception in 1957, NHIS has been a continuing nationwide sample survey in which U.S. Census Bureau interviewers collect data through personal interviews with household members. Data are used to provide national estimates on the incidence of acute conditions, the prevalence of chronic conditions and impairments, the extent of disability, the utilization of health care services (physician visits and hospital episodes), and other health-related topics. All conditions are coded according to the International Classification of Diseases (ICD).

NHIS is redesigned periodically to emphasize data collection on current health issues. The NHIS questionnaire and data preparation procedures were extensively revised in 1982. Sampling revisions were introduced in 1985 and 1995. Use of supplements also allows specialized data collection. Supplements may include health promotion and disease prevention (HPDP), knowledge of, and attitudes toward, AIDS, smoking, alcohol and other drug use, cancer and heart disease risk factors, other health risk factors, health insurance, and aging.

Survey Design/Methodology:

Conceptually, the NHIS sampling plan has remained the same since 1957. It follows a stratified multistage probability design that permits a continuous sampling of the noninstitutionalized civilian population residing in the 50 states and the District of Columbia. The survey designs for 1973–84 had 386 primary sampling units (PSUs). For the years 1985–1994, there were 198 PSUs, and the current design (1995–2004) employs a total of 358 PSUs. NHIS data are obtained through personal interviews with household members. Proxy reporting by a knowledgeable adult is used for absent adults and persons younger than age 19. Interviews are conducted weekly for 1 year by the U.S. Census Bureau interviewers using a probability sample of households. Blacks are oversampled.

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

Sample Characteristics:

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

	Number of Records		
Year	Household	Person	Supplement*
1983	40,912	105,620	Alcohol Section
1984	41,471	105,290	
1985	36,399	91,531	HPDP
1986	24,698	62,052	
1987	49,569	122,859	Cancer Risk Factor
1988	50,061	122,310	Alcohol Section
1989	48,054	116,929	
1990	48,680	119,631	HPDP
1991	48,853	120,032	Drug and Alcohol Use and HPDP
1992	51,643	128,412	YRBS Cancer Epidemiology
1993	43,007	109,671	Clinical and Prevention Services
1994	45,705	116,179	Disability Followback and Year 2000 Objectives
1995	39,239	102,467	
1996	24,371	63,402	

*Listed if alcohol variables included.

Alcohol Variables:

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

Other Variables:

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

National Health Interview Survey (NHIS)—General Description, 1997–2010

Sponsoring Agency:

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

Contact:

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http://www.cdc.gov/nchs/nhis.htm

Availability:

Data files are available for download from
http://www.cdc.gov/nchs/nhis/quest_data_related_1997_forward.htm.

Overview:

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

NHIS Core questionnaire items have been revised about every 10–15 years, with the last major revision occurring in 1997. From 1982–96 NHIS consisted of two parts: (1) a core set of basic health and demographic items and (2) one or more supplemental sets of questions on current health topics. NCHS initiated a redesign of the NHIS questionnaire that was fielded in 1997 to reduce the data collection burden and the interview length.

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

Survey Design/Methodology:

NHIS is based on a stratified multistage sample design. Data are collected by the U.S. Census Bureau using computer-assisted interviews. For the Family Core component of the Basic Module, all adult members of the household age 18 and older who are at home at the time of the interview are invited to participate and to respond for themselves. For children and adults not at home

during the interview, information is provided by a knowledgeable adult family member (age 18 or older) residing in the household. From each family in the survey, one sample adult and one sample child (if any children under age 18 are present) are randomly selected. This adult responds for him/herself to the questions in the Sample Adult questionnaire. Information for the Sample Child questionnaire is obtained from a knowledgeable adult in the household.

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

In 2006 a new sample design was implemented. This design, which is expected to be in use through 2014, includes all 50 states and the District of Columbia as the previous design did. In order to accommodate the reduced NHIS funding level, the new sample design reduced the size of NHIS by about 13 percent relative to the previous sample design. This is anticipated to result in approximately 87,500 persons residing in 35,000 households with completed interviews. Also starting in 2006, the new sample design included Asian persons in the oversampling of minority populations in the NHIS. The sample adult selection process has been revised for the new sample design in 2006 so that when Black, Hispanic, or Asian persons age 65 or older were present, they had an increased chance of being selected as the sample adult (for more about the redesign, see: ftp://ftp.cdc.gov/pub/Health_Statistics/NCHS/Dataset_Documentation/NHIS/2007/srvydesc.pdf).

Sample Characteristics:

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

The sample sizes for 1997–2010 are as follows:

Year	Families	Persons	Adults	Children
1997	40,623	103,477	36,116	14,290
1998	38,773	98,785	32,440	13,645
1999	38,171	97,059	32,801	12,910
2000	39,264	100,618	32,374	13,376
2001	39,633	100,761	33,326	14,709
2002	36,831	93,386	31,044	12,524
2003	36,573	92,148	30,852	12,249
2004	37,466	94,460	31,326	12,424
2005	39,284	98,649	31,428	12,523
2006	29,868	75,716	24,275	9,837
2007	29,915	75,764	23,393	9,417
2008	29,421	74,236	21,781	8,815
2009	34,640	88,446	27,731	11,156
2010	35,177	89,976	27,157	11,277

Alcohol Variables:

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

Other Variables:

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

National Health Interview Survey on Disability (NHIS-D) and Year 2000 Objectives—1994–95

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/nhis/nhis_disability.htm

Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

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

Alcohol Variables:

Disability Supplement, Part E, Mental Health:
- During the past 12 months, did respondent have an alcohol abuse disorder?

Year 2000 Objectives Supplement, Part E, Clinical Preventive Services:
- During your last checkup, were you asked about how much and how often you drink alcohol?

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

Disability Followback, Adult Questionnaire, Section M, Health Opinions and Behaviors, and Aging Questionnaire, Section K, Health Opinions and Behaviors:
- Have you had at least one drink of beer, wine, or liquor in the past year?
- During the past year, on the average, on how many days did you drink alcoholic beverages?
- On those days when you drank, about how many drinks would you say you had?

Other Variables:

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

National Health Interview Survey (NHIS), Year 2000 Objectives Supplement—1993

Sponsoring Agency:

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

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Availability:

Data files are available for download from http://wonder.cdc.gov/wonder/sci_data/surveys/nhis/type_txt/year2000.asp. Data files can also be obtained through NCHS's Division of Health Interview Statistics.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

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

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

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

Other Variables:

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

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

National Health Interview Survey (NHIS), Drug and Alcohol Use Supplement—1991

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/nhis/about_nhis.htm

Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The sample included 21,174 respondents, ages 18–44, with a response rate of 76 percent. This sample is a subset of the NHIS special topic questionnaire on Health Promotion and Disease Prevention (HPDP).

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/nhis/about_nhis.htm

Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

National Health Interview Survey (NHIS), Alcohol Sections—1983 and 1988

Sponsoring Agency:

National Institute on Alcohol Abuse and Alcoholism (NIAAA), and National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC), U.S. Department of Health and Human Services

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Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The 1987 Epidemiologic Study included 22,080 individuals age 18 or older.

Alcohol Variables:

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

Other Variables:

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

National Hospital Ambulatory Medical Care Survey (NHAMCS)—1992–2009, Annually

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/about/major/ahcd/ahcd1.htm

Availability:

Data files are available for download from http://www.cdc.gov/nchs/ahcd/ahcd_questionnaires.htm.

Overview:

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

Survey Design/Methodology:

NHAMCS uses a national sample of visits to emergency and outpatient departments of noninstitutional general and short-stay hospitals, exclusive of Federal hospitals, hospital units of institutions, and hospitals with less than six beds from the SMG Hospital Market Database. The survey uses a four-stage probability design with samples of geographically defined primary sampling units (PSUs), hospitals within PSUs, clinics within hospitals, and patient visits within clinics. The first-stage sample consisted of 112 PSUs that comprised a probability sub-sample of the PSUs used in the 1985–1994 NHIS. A fixed panel of 600 hospitals was selected for the NHAMCS sample. A total of 550 hospitals had an emergency department (ED) and/or an outpatient department (OPD), and 50 hospitals had neither ED nor an OPD. In 2009, hospital-based ambulatory surgery centers were included in the survey. The entire sample does not participate in a given year. Within each hospital, all outpatient clinics and emergency service areas (ESAs), or a sample of such units, are selected. Within ESAs or outpatient department clinics, patient visits are systematically selected over a randomly assigned 4-week reporting period. The actual visit sampling and data collection for the NHAMCS is primarily the responsibility of hospital staff.

Sample Characteristics:

The NHAMCS basic sampling unit is the patient visit or encounter. In 2009 the sample included 34,942 Patient Record forms provided by EDs and 33,551 Patient Record forms provided by OPDs.

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

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http://www.cdc.gov/nchs/about/major/hdasd/nhds.htm

Availability:

Data files are available for download from http://www.cdc.gov/nchs/nhds/nhds_questionnaires.htm.

Overview:

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

Survey Design/Methodology:

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

discharges was selected by a systematic random sampling technique.

Sample Characteristics:

NHDS collected data from a sample of approximately 300,000 inpatient records acquired from a national sample of about 500 hospitals annually. Due to funding limitations, the sample of hospitals was reduced by half beginning in 2008. In 2010 the sample consisted of 239 hospitals. Of the 236 eligible hospitals, 203 hospitals responded to the survey. There were an estimated 35.1 million discharges of inpatients in 2010, based on 137,459 inpatient records (excluding newborn infants) from non-Federal, short-stay hospitals in the United States.

Alcohol Variables:

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

Other Variables:

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

National Household Survey on Drug Abuse (NHSDA)—1971, 1972, 1974–75, 1975–76, 1977, 1979, 1982, 1985, 1988, and 1990–1998, Annually

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

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Publications and Data Dissemination
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Rockville, MD 20857
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Availability:
Data files for the years 1979, 1982, 1985, 1988, and 1990–1998 are available for download from http://www.icpsr.umich.edu/icpsrweb/SAMHDA/series/64/studies?archive=SAMHDA&sortBy=7. Online data analysis is also available on the Web site.

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

The NHSDA underwent a major redesign in 1999; significant changes were made to the size of the survey, the sample design, and the method of administration. See page 43 for a description of the redesigned version that was fielded in 1999 and subsequent years.

Survey Design/Methodology:
NHSDA uses a national multistage area probability sample of households in the conterminous United States. The survey target population includes civilian persons living in households and certain group quarters (e.g., college dormitories, homeless shelters, and on military installations). Military personnel on active duty and most transient populations, such as homeless people not residing in shelters, are not included. Oversampling of special groups varies by year. Since 1985, Blacks and Hispanics have been oversampled to increase the reliability of estimates for these groups.

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

Alcohol Variables:
NHSDA collects alcohol consumption information, including age at first use; most recent, lifetime, annual, and past-month use; beverage type usually consumed; number of days in past month on which respondent drank; number of drinks on days when respondent drank; and number of days the respondent had 5 or more drinks. Starting in 1999, NHSDA questions allow for the collection of year and month of first use for recent initiates. DSM-III-type items provide indications of alcohol problems and ever receiving treatment for drinking. Related variables include attitudes regarding drug use; drug laws and penalties; beliefs concerning risk of various levels of use; prevalence of alcohol, tobacco, and other drug use; use of selected drugs in combination; symptoms of dependence; general physical conditions and symptoms; and utilization of substance abuse treatment.

Other Variables:
NHDSA demographics include age, sex, race, region of the country, neighborhood type, education, occupation, family income, marital status, and number and ages of children. NHDSA also covers substance abuse treatment history and perceived need for treatment, personal and family income sources and amounts, health care access and coverage, illegal activities and arrest record, problems resulting from the use of drugs, and needle sharing.

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

National Household Survey on Drug Abuse (NHSDA)—1999–2001, renamed National Survey on Drug Use and Health (NSDUH)—2002–2010, Annually

Sponsoring Agency:

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

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http://www.oas.samhsa.gov/mission.htm#Contact

Availability:

Data files are available for download from http://www.icpsr.umich.edu/icpsrweb/SAMHDA/series/64/studies?archive=SAMHDA&sortBy=7. Online data analysis is also available on the Web site.

Overview:

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

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

Survey Design/Methodology:

NSDUH uses a national multistage area probability sample of households in the conterminous United States. The survey target population includes civilian persons living in households and certain group quarters (e.g., college dormitories, homeless shelters, and on military installations). Military personnel on active duty and most transient populations, such as homeless people not residing in shelters, are not included. Oversampling of special groups varies by year. The 1999 redesign uses an oversample of youth (ages 12 to 17) and young adults (ages 18 to 25) rather than race/ethnicity groups, as was done in the past. Further improvements in data collection quality control were institutionalized in 2002, which may have resulted in higher self-reported substance use by respondents.

Sample Characteristics:

The sample sizes of public use data since 1999 are: 66,706 (1999), 71,764 (2000), 68,929 (2001), 68,126 (2002), 67,784 (2003), 67,760 (2004), 68,308 (2005), 67,802 (2006), 67,870 (2007), 68,736 (2008), 68,700 (2009), and 68,487 (2010). Sample weights are provided to permit national-level estimates.

Alcohol Variables:

NSDUH collects alcohol consumption information, including age at first use; most recent, lifetime, annual, and past-month use; beverage type usually consumed; number of days in past month on which respondent drank; number of drinks on days when respondent drank; and number of days the respondent had 5 or more drinks. Starting in 1999, the survey questions allow for the collection of year and month of first use for recent initiates. DSM-IV-type items provide indications of alcohol

problems and ever receiving treatment for drinking. Related variables include attitudes regarding drug use; drug laws and penalties; beliefs concerning risk of various levels of use; prevalence of alcohol, tobacco, and other drug use; use of selected drugs in combination; symptoms of dependence; general physical conditions and symptoms; and utilization of substance abuse treatment.

Other Variables:

NSDUH demographics include age, sex, race, region of the country, neighborhood type, education, occupation, family income, marital status, and number and ages of children. NSDUH also covers substance abuse treatment history and perceived need for treatment, personal and family income sources and amounts, health care access and coverage, illegal activities and arrest record, problems resulting from the use of drugs, and needle sharing.

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

National Survey of Alcohol, Drug, and Mental Health Problems [Healthcare for Communities] (HCC)—1997–98 and 2000–01

Sponsoring Agency:

Robert Wood Johnson Foundation

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Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

HCC1 reinterviewed a sample of 9,585 adult respondents from CTS1. HCC2 reinterviewed 6,659 respondents from HCC1 and a cross-sectional sample of 5,499 adult respondents from CTS2. Respondents who were poor, who had used specialty mental health services in the preceding year, and who had reported high psychological distress were oversampled. In addition, HCC2 oversampled individuals who reported that they had seen a doctor or other healthcare professional for alcohol related problems in the past 2 years.

Alcohol Variables:

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

Other Variables:

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

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

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

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

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

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

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

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

Alcohol Variables:
All versions of the drinking and driving survey include alcohol consumption items on frequency and usual quantity of alcohol consumption and beverage preferences. The 1993–97 versions include graduated frequency items asking how often (1–2, 3–4, or 5+ times) drinks were consumed. The 1999 version has graduated frequency items asking how often (1+, 2+, 3+, 5+, and 8+) drinks were consumed. Beginning in 1993, all surveys have also included the CAGE questionnaire that screens for alcohol problems. Drinking and driving variables include the following: frequency of drinking and driving, frequency of driving while intoxicated, number of DWI convictions, frequency of riding with an impaired driver, support for taking action to reduce the problem, opinions about current enforcement and penalties, expectations of consequences, intervention behavior, and efforts by hosts to prevent guests from drinking and driving. Knowledge of BAC limits was added in 1995.

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

National Survey of Substance Abuse Treatment Services (N-SSATS)—2000, 2002–2010, formerly known as Uniform Facility Data Set (UFDS)—1995–1998, Annually, and the National Drug and Alcoholism Treatment Survey (NDATUS)—1974, 1979, 1980, 1982, 1984, 1987, and 1989–1994, Annually

Sponsoring Agency:

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

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Availability:

N-SSATS data files are available for download from http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/58/studies?archive=ICPSR&sortBy=7. Online analysis is also available from the Web site.

Overview:

The N-SSATS is a national survey designed to collect data on the location, characteristics, and use of substance abuse treatment facilities and services throughout the United States, the District of Columbia, and other U.S. jurisdictions. Launched in the 1970s, the survey is used to assist state and local governments in determining the nature and extent of alcohol and drug treatment services, provided public, private, state-supported, and other treatment facilities. The survey also serves to help assess treatment resource needs; analyze and compare general treatment services on the national, regional, and state level; generate the *National Directory of Drug and Alcohol Abuse Treatment Programs*; and provide updated information for SAMHSA's Inventory of Substance Abuse Treatment Services (I-SATS) and the Substance Abuse Treatment Facility Locator database. The survey has been formerly known as UFDS (1995–1998) and the National Drug and Alcoholism Treatment Survey (NDATUS) (1974–1994). An abbreviated survey was conducted in 1999 during the transition year for the redesign and used an abbreviated telephone survey. Beginning in 2000, N-SSATS is a redesigned, full mail survey.

Survey Design/Methodology:

N-SSATS is a point prevalence census designed to measure the scope of all known specialty treatment facilities in the U.S., identified on the National Facility Register (NFR). Data collection is conducted by SAMHSA directly through mailed survey forms and intensive telephone follow-up interviews with facility staff members. State substance abuse agencies assist in the identification of facilities and in the verification of the data.

Sample Characteristics:

A total of 13,339 providers responded to the survey in 2010. Facilities treating incarcerated persons only were identified and excluded in 2004.

Alcohol Variables:

Data are collected in three categories: drug, alcohol, and combined treatment services. This is a survey of facilities rather than patients so alcohol and/or drug questions *per se* are not asked. Data collected include unit orientation, types of alcohol/drug services offered, treatment modality and status, client characteristics, capacity and utilization on the point prevalence date, and payment source and fees charged. In the 2010 survey, 43 percent of the clients were in treatment for both alcohol and drug abuse and 18 percent were treated for alcohol only.

Other Variables:

Other variables include unit identification—location, type of environment, ownership, types of programs and additional services provided, funding levels and sources, fees charged, hours of operation, and treatment capacity and utilization on the point prevalence date according to age, race/ethnicity, and sex by type of care by modality.

National Treatment Improvement Evaluation Study (NTIES)—1990–91 and 1992–97

Sponsoring Agency:

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

Contact:

Program Evaluation Branch
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Center for Substance Abuse Treatment
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Availability:

Data for 1992–97 are available for download from
http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/02884/version/4.

Overview:

NTIES is a congressionally mandated 5-year study evaluating the impact of drug and alcohol treatment on thousands of clients in hundreds of treatment units that received funding from the Office for Treatment Improvement (OTI), Center for Substance Abuse Treatment (CSAT), under one of three demonstration grants: Target Cities, Critical Populations, or Criminal Justice.

Survey Design/Methodology:

NTIES used a two-level study design. The first level obtained service delivery unit (SDU) administrative and clinician (SDU staff) data on orientation, size, budget, staffing distribution, and specific use of CSAT funds. Data collection was done by self-administered mail-in procedures, telephone, and fax, at two time points 1 year apart. Selection criteria included treatment modality, OTI Demonstration Program, and geographic distribution. The second level used a "pre/post" panel design and collected clinical-outcome data through interviews from clients enrolled in eligible units at three time points (shortly after their first day of treatment, when they left treatment, and then at approximately 12 months after the end of treatment). To corroborate client reports of substance abuse, urine specimens were collected on approximately 50 percent of those interviewed.

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

Services Research Outcomes Study (SROS)—1995–96

Sponsoring Agency:

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

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http://www.oas.SAMHSA.gov/systems.htm#sros

Availability:

Data files are available for download from http://www.icpsr.umich.edu/icpsrweb/SAMHDA/studies/02691/version/1.

Overview:

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

Survey Design/Methodology:

SROS was a 5-year post-discharge follow-up survey. It selected drug clients from a stratified probability sample of 120 treatment programs

that participated in Phase II of DSRS (see page 7). Field interviews were completed with 1,799 (59%) of the patient sample roughly 5 years after discharge. Approximately 273 (9%) of the sampled patients were deceased. Interviews were supplemented by a urine drug test for willing

participants. About 80 percent of those interviewed agreed to the urine testing.

Sample Characteristics:

A total of 3,047 patients were selected for the study. Client data records were abstracted on 2,222 individuals. Client follow-up interviews were conducted on 1,799 patients 5 years after their discharge.

Alcohol Variables:

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

Other Variables:

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

Treatment Episode Data Set (TEDS), 1992–2009

Sponsoring Agency:

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

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http://wwwdasis.samhsa.gov/dasis2/teds.htm

Availability:

Data files are available for download http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/56.

Overview:

TEDS is one of the three components of SAMHSA's Drug and Alcohol Services Information Services (DASIS), begun in 1992. TEDS is an administrative data system that contains information about individuals admitted to treatment, primarily by providers receiving public funding. TEDS provides descriptive information about the national flow of admissions to specialty providers of substance abuse treatment annually. Optional reporting of other variables in a Supplemental Data Set also is included.

Survey Design/Methodology:

TEDS collects data on the number and characteristics of all persons admitted to state-administered public and private nonprofit substance abuse treatment programs in all 50 states, the District of Columbia, and Puerto Rico. The unit of analysis is treatment admissions to treatment units receiving public funding. TEDS includes a required Minimum Data Set and an optional Supplemental Data Set, and a Discharge Data Set.

Sample Characteristics:

The TEDS universe is all substance abuse treatment facilities that receive funding from state substance abuse agencies. Patient-level data are collected on approximately 1.5 million admissions per year, from 1992 to the present.

Alcohol Variables:

Patient alcohol and drug use history, including frequency and age at first use, is collected along with clinical and treatment data. Data include service setting, number of prior treatments, referral data, diagnosis codes, and payment sources. In 2009, alcohol was the primary substance of abuse for 42% of all TEDS admissions.

Other Variables:

Other variables include patient demographics and other drug use.

Vital Statistics Mortality Data, Mortality Detail (MD) and Multiple Cause of Death (MCA)—1968–2009, Annually

Sponsoring Agency:

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

Contact:

Mortality Statistics Branch
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NCHS
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Hyattsville, MD 20782
1-800-232-4636
http://www.cdc.gov/nchs/deaths.htm

Data Availability:

Multiple Cause of Death public use data files are available at
http://www.cdc.gov/nchs/data_access/Vitalstatsonline.htm#Mortality_Multiple. Online analysis of the Mortality Detail data for 1999–2009 is available at http://wonder.cdc.gov/ucd-icd10.html.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The total number of deaths varies from year to year. In 2009, about 2.4 million deaths occurred in the United States.

Alcohol Variables:

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

Other Variables:

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

Section 2:

Special Population Data Sets

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

Sponsoring Agency:

U.S. Department of Defense Military Health System

Contact:

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Availability:

Contact the Research Triangle Institute for information on data access.

Overview:

Begun in the early 1980s, this survey was designed to measure prevalence of substance use and health behaviors among active-duty military personnel on U.S. military bases worldwide. Data can be combined to examine trends in substance abuse and negative effects of alcohol use from 1980 to 2011. Data are used to better understand the nature, causes, and consequences of substance abuse and health practices in the military and to help evaluate and guide related programs and policies. Military/civilian comparisons can be made using data from the National Household Survey on Drug Abuse. The 2005 survey introduced changes to the wording of questions related to illicit drug use. Also in 2005, revisions were made to the alcohol use items to be consistent with items from the Alcohol Use Disorders Identification Test (AUDIT).

Survey Design/Methodology:

The survey collects data from all active duty military personnel. A random sample of all active duty military personnel in the four U.S. military services (Army, Navy, Air Force, and Marines) worldwide is surveyed over a 6-week period. The Coast Guard was included beginning in 2008. Data are collected every 2–4 years, and more than 60 military installations worldwide are represented.

Sample Characteristics:

The final sample for 2008 consisted of 28,546 military personnel (5,927 Army, 6,637 Navy, 5,117 Marine Corps, 7,009 Air Force, and 3,856 Coast Guard). Participants completing the survey were randomly selected to represent men and women in all pay grades of the active military throughout the world.

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

The Robert Wood Johnson Foundation

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http://www.hsph.harvard.edu/cas/About/contact.html

Availability:

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

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The College Alcohol Study has conducted four national surveys from 1993 to 2001. The surveys included 17,592 students in 1993, 15,685 in 1997, 14,941 in 1999, and 10,904 in 2001. Students at 140 4-year colleges and universities in 40 states and the District of Columbia participated, with 119 schools included in all 4 study years.

Alcohol Variables:

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

Other Variables:

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

The Health and Retirement Study: A Longitudinal Study of Health, Retirement, and Aging (HRS)—1992, 1994, 1996, 1998, 2000, 2002, 2004, 2006, 2008, and 2010

Sponsoring Agency:
National Institute on Aging with supplemental support from the Social Security Administration

Contact:
HRS, Survey Research Center
Institute for Social Research
University of Michigan
426 Thompson St.
Ann Arbor, MI 48104
(734) 936-0314
hrsquest@isr.umich.edu
http://hrsonline.isr.umich.edu/

Availability:
Data files are available from http://hrsonline.isr.umich.edu. Visit the "What's Available" page for details on public use data and required agreements. Information on restricted data such as Medicare data, earnings records, and geographic detail is available at http://hrsonline.isr.umich.edu/rda.

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

Survey Design/Methodology:
HRS is a national panel study with an initial sample of more than 12,600 persons from 7,600 households. Current studies survey more than 22,000 respondents. The HRS core sample design is a multistage area probability sample of house-holds. The baseline sample included in-home, face-to-face interviews in 1992 (1931–41 birth cohort) and 1998 (1924–30 and 1942–47 birth cohorts). At 6-year intervals, the 6-year birth cohort that is ages 51–56 in that year is added to the sample. Follow-ups are conducted on these groups every 2 years, with proxy interviews after death. Blacks, Hispanics, and Florida residents are oversampled.

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

Sample Characteristics:
HRS surveys Americans over the age of 50 every 2 years. Each original sample is restricted to those living in households in the 48 conterminous states at the time of the baseline wave. Follow-up interviews are not restricted by geographic area. There are four distinct sample groups. The original HRS sample includes individuals born between 1931 and 1941. In 1998, the original AHEAD sample of individuals born before 1923 was merged with the HRS into a single interview schedule and two additional sample groups were added. These include the War Baby (WB) sample, born between 1942 and 1947, and the Children of the Depression Age (CODA) sample, born between 1924 and 1930. In 2004, the Early Baby Boomer (EBB) cohort born in 1948–53 were added. The Middle Baby Boomer (MBB) cohort born in 1954–1959 were added in 2010.

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

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

Monitoring the Future (MTF): A Continuing Study of American Youth—1975–2010, Annually

Sponsoring Agency:

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

Contact:

Moira O'Brien, Ph.D.
Division of Epidemiology, Services & Prevention Research
NIDA
6001 Executive Boulevard, Room 5153, MSC 9589
Bethesda, MD 20892-9589
(301) 402-1881
http://www.monitoringthefuture.org/

MTFinfo@isr.umich.edu

Availability:

Data files are available for download from
http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/35/studies?archive=ICPSR&sortBy=7. Online data analysis is also available at the Web site.

Overview:

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

Survey Design/Methodology:

MTF employs a complex cohort sequential design appropriate for distinguishing and explaining period-related, age-related, and cohort-related changes. The samples were drawn with a multistage random sampling procedure from public and private secondary schools throughout the conterminous United States. The total 12th-grade sample was equally divided into six subsamples. Each was administered a different form of the questionnaire to enable wide coverage of survey questions among the sample. However, about one-third of each questionnaire consists of the "core" drug and demographic questions common to all forms. Unlike the 12th-grade surveys, the 8th- and 10th-grade surveys only used two different questionnaire forms in 1991–96 (this expanded to four forms beginning in 1997). The study design of MTF calls for biennial follow-ups—through age 32—of a subsample of the participants in each participating senior class, beginning with the class of 1976.

Sample Characteristics:

Approximately 50,000 8th-, 10th-, and 12th-grade students are surveyed each year. Sample sizes in 2010 were 15,769 (from 147 schools), 15,586 (from 123 schools), and 15,127 (from 126 schools) for 8th, 10th, and 12th graders, respectively.

Alcohol Variables:

MTF includes lifetime, past year, and past 30-day use of alcohol and other drugs (marijuana, inhalants, hallucinogens, cocaine, heroin, other opiates, stimulants, sedatives, tranquilizers, cigarettes, and steroids). Other alcohol questions ask how often the respondents drink enough to feel high and the number of days in the prior 2 weeks they have had 5 or more drinks in a row. Data also are collected on respondent attitudes and beliefs regarding alcohol and other drug use, perceived harm, perceived availability, and social disapproval.

Other Variables:

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

National Child Abuse and Neglect Data System, Child File (NCANDS)—1995–2010

Sponsoring Agency:

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

Contact:

National Data Archive on Child Abuse and Neglect
Beebe Hall—BCTR
Cornell University
Ithaca, NY 14853
(607) 255-7799
http://www.ndacan.cornell.edu/ndacan/AboutNDACAN.html

Availability:

Because of the detailed nature of the information on Child File records, these data are considered restricted data. Researchers who would like to use the data must fulfill eligibility criteria, submit an application for approval to the Archive, and enter into a legally-binding data license that outlines the requirements for appropriate use of the data. Further information on access requirements is available at http://www.ndacan.cornell.edu/NDACAN/Datasets/Order_Forms/NCANDS_Child_File_Order.html.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

49 states, the District of Columbia, and Puerto Rico submitted data to the NCANDS Child File for FFY 2010. The resulting data set consists of 3,557,622 records.

Alcohol Variables:

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

Other Variables:

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

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

Sponsoring Agency:

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

Contact:

Jeffrey A. Owings or Elise Christopher
NCES
1990 K Street, NW
Washington, DC 20006
(202) 502-7423 or (202) 502-7899
http://nces.ed.gov/surveys/nels88/

Availability:

NELS88 public use data files can be accessed at http://www.nces.ed.gov/surveys/nels88/DAS.asp under publications and products. Access to student transcript files or geographic information requires a restricted data license from NCES. An online data analysis system is available.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

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

National Longitudinal Study on Adolescent Health (Add Health)—Wave I (1994–95), Wave II (1996), Wave III (2001–02), and Wave IV (2007–08)

Sponsoring Agency:

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

Contact:

Add Health
Carolina Population Center
CB# 8120, University Square
123 West Franklin Street, Room 304-C
Chapel Hill, NC 27516-2524
addhealth@unc.edu
http://www.cpc.unc.edu/projects/addhealth

Availability:

Public-use data are available for download or online analysis at http://www.icpsr.umich.edu/icpsrweb/DSDR/studies/21600/version/8. Data are also distributed on CD-ROM by Sociometrics Corporation (170 State Street, Suite 260, Los Altos, California 94022-2812. telephone: 650-949-3282; fax: 650-949-3299; email: socio@socio.com).

The more extensive restricted-use data are available by contractual agreement with the Carolina Population Center. For more information or to obtain the restricted-use data visit the Add Health web site at http://www.cpc.unc.edu/projects/addhealth/data/restricteduse or contact Add Health at addhealth-contract@unc.edu.

Overview:

Add Health is a nationally representative study that explores the causes of health-related behaviors of adolescents in grades 7 through 12 and their outcomes in young adulthood. Add Health seeks to examine how social contexts (families, friends, peers, schools, neighborhoods, and communities) influence adolescent health and risk behaviors. To date, data have been collected at four time points, Wave I (1994–1995), Wave II (1996), Wave III (2001–2002), and Wave IV (2007–2008).

Survey Design/Methodology:

The in-school phase (fall 1994) questionnaires were administered to students in 80 high schools and 52 associated middle schools identified through a stratified random sample of all high schools in the country. School administrators at each school completed a questionnaire on school characteristics and policies. In the in-home phases (Wave I, summer and fall 1995), interviews were conducted with a stratified sample of students enrolled in participating schools (core sample) and with selected oversampled students. A separate interview was conducted with a parent of each adolescent in Wave I. Information about community and neighborhood characteristics were compiled independently from 1990 Census block group-level data and linked to the individual data. The in-home sample design includes a genetic sample of sibling pairs, a saturation sample of all

adolescents attending selected high schools, a disabled sample, and an oversample of Chinese, Cuban, and Puerto Rican students and students from high-education black families.

Sample Characteristics:

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

Alcohol Variables:

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

Other Variables:

The surveys asked questions about the student's daily activities, general health, self-esteem, personality, friends and peer networks, romantic relationship, pregnancy, contraception, AIDS and STD risk perception, biological and resident

parents, siblings, fighting and violence, delinquency, suicide, neighborhood, and religion. The school administrator's survey asked questions concerning the school's characteristics, including type, specialization, class size, attendance level, sociodemographics and health-related behaviors of teachers, health education and services, SAT test, rules and discipline policies. A public use

Contextual Database provides block group characteristics such as population, poverty, housing, education, labor force, and vital statistics. Wave IV also included collection of blood pressure readings, anthropometric measures (height, weight, and waist circumference), saliva for DNA, and blood spots from a fingerstick from all consenting respondents.

National Longitudinal Survey of Youth (NLSY79)—1979–2010

Sponsoring Agency:

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

Contact:

Employment Research and Program Development
National Longitudinal Survey Program
U.S. Bureau of Labor Statistics
2 Massachusetts Avenue, NE, Suite 4945
Washington, DC 20212-0001
(202) 691-7410
http://www.bls.gov/NLS
Center for Human Resource Research
Ohio State University
921 Chatham Lane, Suite 100
Columbus, OH 43221-2418
(614) 442-7300

Availability:

Public use data are available for download from
http://www.nlsinfo.org/ordering/display_db.php3#NLSY79. Online analysis is available at
https://www.nlsinfo.org/investigator/pages/login.jsp.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

NLSY79 sampled a total of 12,686 young persons born in 1957 to 1964. This sample includes 11,406 civilian and 1,280 military youth. Hispanic, economically disadvantaged, and youth in the military were oversampled.

Alcohol Variables:

Alcohol variables are included in the 1982–1985, 1988–1990, 1992, 1994, 2002, and 2006–2010 follow-up surveys. Questions provide information on drinking patterns, consumption of various alcoholic beverages, the impact of alcohol use on schoolwork and/or job behavior, frequency of going to bars, and trying to cut down on drinking. The 1988 survey included items about respondent relatives who have been alcoholics or problem drinkers.

Other Variables:

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

National Longitudinal Survey of Youth (NLSY97)—1997–2010

Sponsoring Agency:

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

Contact:

Employment Research and Program Development
National Longitudinal Survey Program
U.S. Bureau of Labor Statistics

2 Massachusetts Avenue, NE Suite 4945
Washington, DC 20212-0001
(202) 691-7410
http://www.bls.gov/NLS

Center for Human Resource Research
Ohio State University
921 Chatham Lane, Suite 100
Columbus, OH 43221-2418
(614) 442-7300

Availability:

Data are available for download from http://www.nlsinfo.org/ordering/display_db.php3#NLSY97. Online analysis is available at https://www.nlsinfo.org/investigator/pages/login.jsp. Information about accessing the restricted data is available at http://stats.bls.gov/nls/nlsfaqs.htm#anch2.

Overview:

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

Survey Design/Methodology:

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

Sample Characteristics:

The NLSY97 consists of a nationally representative sample of approximately 9,000 youths who were age 12 to 16 as of December 31, 1996. Two subsamples make up the NLSY97 cohort: a cross-sectional sample of 6,748 respondents designed to be representative of the initial survey respondents in 1980–1984 and a supplemental sample of 2,236 respondents, oversampling Hispanics and Blacks.

Alcohol Variables:

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

Other Variables:

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

National Survey of Families and Households (NSFH)—1987–88, 1992–94, and 2001–03

Sponsoring Agency:

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

Contact:

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

Availability:

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

Overview:

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

Survey Design/Methodology:

NSFH uses a national stratified, multistage-area probability sample based on the 1985 population projections for Standard Metropolitan Statistical Areas and nonmetropolitan counties. The baseline survey (Wave 1) was conducted in 1987–88. The design of the baseline survey is cross-sectional, with several retrospective sequences of life-history questions. One adult per household was randomly selected as the primary respondent. Several portions of the main interview were self-administered to facilitate collection of sensitive information and to ease the flow of the interview. A shorter self-administered questionnaire was given to the spouse or cohabiting partner of the primary respondent. The longitudinal follow-up of the sample was conducted in 1992–94 (Wave 2) and in 2001–03 (Wave 3). The Wave 2 survey included personal interviews of all surviving original respondents, the current spouse or cohabiting partner, and the original spouse or partner for relationships that had ended. It also included a telephone interview with "focal children" who were originally ages 13–18 in Wave 1, a short telephone interview with focal children

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

Sample Characteristics:

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

Alcohol Variables:

Wave 1: Many families these days have difficulties because of alcohol or drug abuse. Does anyone living here have a problem with alcohol or drugs? Who living here has a problem of drinking too much alcohol?

Wave 2: During the past 30 days, did you have one or more alcoholic drinks? During the past 30 days, on about how many different days did you have one or more alcoholic drinks? During the past 30

days, about how many alcoholic drinks did you usually have in a day on the days that you drank? On about how many days did you have five or more drinks on the same occasion during the past 30 days? When you were growing up, did you live with anyone who was a problem drinker or alcoholic? Have you ever been married to or lived with a partner who was a problem drinker or alcoholic? At what age, if ever, did you first have a glass of beer or wine or a drink of liquor, such as whiskey, gin, or scotch? When was the most recent time you had an alcoholic drink, that is, of beer, wine, liquor, or mixed alcoholic drinks?

Wave 3: During the past 30 days, did you have one or more alcoholic drinks? During the past 30 days, on about how many different days did you have one or more alcoholic drinks? During the past 30 days, about how many alcoholic drinks did you USUALLY have PER DAY on the days that you drank? On about how many days did you have five or more drinks on the same occasion during the past 30 days? When you were growing up, that is during your first 16 years, did you live with anyone who was a problem drinker or alcoholic? Have you ever been married to, or lived with a partner who was a problem drinker or alcoholic?

Other Variables:

A considerable amount of life-history information was collected, including childhood living arrangements, family composition, and relationships; education, fertility, employment histories, past and current living arrangements; and the consequences of earlier family patterns on current states, marital and parenting relationships, kin contact, and economic and psychological well-being.

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

Sponsoring Agency:

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

Contact:

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

Availability:

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

Overview:

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

Survey Design/Methodology:

NSPY is a national household-based survey of youth ages 9–18 and parents from the same household. The survey employs a panel design with four rounds of data collection. Youth and their parents were selected through a multistage, dual-frame probability sample design.

Sample Characteristics:

The samples were selected from youth living in all types of residential housing units, excluding youth living in institutions, group homes, or dormitories. In Round 1, approximately 8,100 youth and 5,600 parents were interviewed. Rounds 2 through 4 are the follow-up phases of the study. In Round 2, approximately 6,500 youth and 4,600 parents were interviewed. In Round 3, approximately 5,850

youth and 4,250 parents were interviewed. In Round 4, approximately 5,100 youth and 3,850 parents were interviewed.

Alcohol Variables:

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

Other Variables:

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

Restricted Data:

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

National Violent Death Reporting System (NVDRS)—2003–2010

Sponsoring Agency:

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

Contact:

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

Availability:

NVDRS public use data are available for 2003–2004 at
http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/217. Limited online analysis of data up through 2009 is available at: http://wisqars.cdc.gov:8080/nvdrs/nvdrsDisplay.jsp. More detailed variables are included in restricted access data (RAD). Information on access requirements for RAD is available at http://www.cdc.gov/ViolencePrevention/NVDRS/RAD.html.

Overview:

NVDRS is a state-based surveillance system that links data on violent deaths from law enforcement, coroners and medical examiners, vital statistics, and crime laboratories. The ultimate goal of NVDRS is to provide communities with a clearer understanding of violent deaths so such deaths can be prevented. NVDRS's four main objectives are to (1) link records about violent deaths that occurred in the same incident to help identify detailed circumstances that precede multiple homicides or homicides followed by suicides; (2) provide timely preliminary information through faster data retrieval (currently, vital statistics data are not available until 2 years after the death); (3) describe, in detail, circumstances that may have contributed to the violent death; and (4) better characterize perpetrators, including their relationship to the victim(s).

Survey Design/Methodology:

NVDRS is a population-based, active surveillance system that provides a census of violent deaths that occur among both residents and nonresidents of funded U.S. states. The CDC receives information about violent deaths from the health departments of participating states. Cases consist of violent deaths from child maltreatment fatalities, suicide, homicide, undetermined intent, legal intervention, and unintentional firearm injury. Deaths are included if their underlying causes (recorded in ICD codes) are in these categories. Related fatal injuries involving multiple victims that occur within 24 hours of each other are linked in one incident.

Sample Characteristics:

The data include all violent deaths occurring in the funded states, therefore are not nationally representative. Data years and the number of states participating are listed as follows: 2003 (7 states), 2004 (13 states), 2005–09 (17 states), and 2010 (19 states). The goal is eventually to include 50 states, the territories, and the District of Columbia in the system.

Alcohol Variables:

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

Other Variables:

NVDRS collects detailed information on victims and offenders, including demographics, toxicology testing and testing results for substance use, manner of deaths, mechanism of injury, relationship of victim to offender, location of the incident (at home or work), date and location of the incident, type of incident, type of weapon, and circumstances of the death. The circumstances of suicides and deaths of undetermined intent relate to mental health history and status, including whether the person disclosed intent to die by suicide and other precipitating factors.

The Pregnancy Risk Assessment Monitoring System (PRAMS)—Phase I (1988–89), Phase II (1990–95), Phase III (1996–99), Phase IV (2000–03), Phase V (2004–08), and Phase VI (2009–2011)

Sponsoring Agency:

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

Contact:

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

Availability:

Information on obtaining data can be found at http://www.cdc.gov/prams/Researchers.htm.

Overview:

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

Survey Design/Methodology:

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

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

Sample Characteristics:

Forty states and New York City participated in Phase VI, representing approximately 78% of all live births in the U.S. Each participating state samples between 1,300 and 3,400 women per year.

Alcohol Variables:

The core questionnaire gathers data on the frequency of drinking and binge drinking prior to and during pregnancy.

Other Variables:

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

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

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

Contact:
National Archive of Criminal Justice Data (NACJD)
P.O. Box 1248
Ann Arbor, MI 48106-1248
(734) 647-5000 or 1-800-999-0960
http://www.icpsr.umich.edu/icpsrweb/NACJD/

Availability:
Data files are available for download from
http://www.icpsr.umich.edu/icpsrweb/ICPSR/series/69/studies?archive=ICPSR&sortBy=7. Information
on accessing the restricted data can be found at
http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/4359/detail#access-and-availability.

Overview:
This survey was designed to provide nationally representative data on the characteristics of inmates in local jails (e.g., personal and family characteristics, past alcohol and drug use, history of physical and sexual abuse, reason for incarceration, length of sentences, and behavioral attributes) for persons held before trial and on those convicted offenders serving sentences in local jails or awaiting transfer to state prisons. The survey is conducted by the U.S. Census Bureau for the Department of Justice about every 6 years.

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

administered with computer-assisted personal interviewing (CAPI).

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

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

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

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

Sponsoring Agency:

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

Contact:

National Archive of Criminal Justice Data (NACJD)
P.O. Box 1248
Ann Arbor, MI 48106-1248
(734) 647-5000 or 1-800-999-0960
http://www.icpsr.umich.edu/icpsrweb/NACJD/

Availability:

Data files for 1997 and 2004 are available for download from http://www.icpsr.umich.edu/icpsrweb/NACJD/series/70/studies?sortBy=7. Information on accessing the restricted data can be found at http://www.icpsr.umich.edu/icpsrweb/ICPSR/studies/4572/detail#access-and-availability. Data for 1991 can be analyzed online.

Overview:

This survey is designed to provide nationally representative data on the characteristics of state prison inmates and sentenced Federal inmates held in federally owned and operated facilities. About every 5 years, the survey is conducted by the U.S. Census Bureau for the U.S. Department of Justice.

Survey Design/Methodology:

The eligible population for the survey is inmates incarcerated in state correctional facilities.

Sample Characteristics:

The survey sample is selected from 1,239 state prisons using a stratified, two-stage selection divided into male/female facilities, census region and facility type. The 1974 survey included about 10,000 inmates and the 1979 and 1986 surveys included 11,397 and 13,711 inmates, respectively. The 1991 survey included a total of 20,558 inmates from 277 prisons and 53 Federal facilities, and the 1997 survey included a total of 18,326 inmates. The 2004 survey included 18,185 inmates from 287 prisons and 39 Federal facilities.

Alcohol Variables:

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

Other Variables:

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

Special Issues:

Prior surveys of state prison inmates, called the Survey of Inmates of State Correctional Facilities, were conducted in 1974, 1979, 1986 and 1991. Sentenced Federal prison inmates were first interviewed in 1991 and the Federal data are combined with the state data in the 1991 and 1997 surveys.

Youth Risk Behavior Survey (YRBS)—1991, 1993, 1995, 1997, 1999, 2001, 2003, 2005, 2007, 2009, and 2011 (high school), 1998 (alternative high school), 1995 (college), and 1992 (NHIS)

Sponsoring Agency:

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

Contact:

JoAnne Grunbaum
Division of Adolescent and School Health
National Center for Chronic Disease Prevention and Health Promotion
CDC
4770 Buford Highway, NE, Mail Stop K-40
Atlanta, GA 30341-3717
(770) 488-6182 or 1(800) 232-4636
www.cdc.gov/healthyyouth/data/index.htm

Availability:

Data files are available for download from http://www.cdc.gov/healthyyouth/yrbs/data/index.htm.

Overview:

The Youth Risk Behavior Surveillance System (YRBSS) was established by CDC to monitor health-risk behaviors among youth and to assess trends in such behaviors over time. YRBS is one component of the YRBSS. YRBS measures youth risk behaviors in six risk areas: (1) behaviors that contribute to unintentional injuries and violence, (2) tobacco use, (3) alcohol and other drug use, (4) sexual behaviors that contribute to unintended pregnancy and sexually transmitted diseases including HIV infection, (5) unhealthy dietary behaviors, and (6) physical inactivity. The first YRBS was fielded in 1990. Since 1991 data have been collected biennially, and the latest available survey data are for 2009. The 1992 YRBS was a supplement of the 1992 NHIS (see page 32).

Sample Design/Methodology:

YRBS uses a three-stage cluster sample design to produce a nationally representative sample of high school students in the United States. In high schools a 70- to 95-item questionnaire is administered in classrooms.

Sample Characteristics:

YRBS uses national, school-based samples of 11,000 to 16,000 students in the 9th through 12th grades. The 2009 YRBS included a national sample of 16,410 adolescents. Black and Hispanic high school students were oversampled. YRBS is not designed to represent individual states, so performing state-level analyses is not recommended.

Alcohol Variables:

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

Other Variables:

Other variables include the following: age, sex, race, and grade, geographic region, metropolitan status, seatbelt and helmet use, physical fighting and carrying weapons, suicide attempts, tobacco use, use of marijuana, cocaine, steroids, or other illegal drugs, HIV awareness, sexual activity, diet, and physical activity.

Special Issues:

The school-based surveys may under-represent certain high-risk youth, such as dropouts. Additionally, data apply only to youth who were in school on the day the YRBS was administered.

Section 3:

AEDS Publications and Products

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

Data Reference Manuals

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

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

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

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

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

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

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 4: Hospital Discharges with Alcohol-Related Conditions, Hospital Discharge Survey, 1975–1985. January 1989.

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

U.S. Alcohol Epidemiologic Data Reference Manual. Volume 2: Liver Cirrhosis Mortality in the United States. September 1985. NTIS Order No. PB86-147584.

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

Most of these data reference manuals can be ordered by mail, phone, fax, or from the NIAAA Web site:
> NIAAA Publications Distribution Center
> P.O. Box 10686
> Rockville, MD 20849-0686
> Phone: (703) 312-5220, Ext. 292
> Fax: (703) 312-5230
> http://pubs.niaaa.nih.gov/publications/manual.htm

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

AEDS Surveillance Reports

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

Surveillance Report #92: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977–2009. LaVallee, R.A.; Yi, H. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, August 2011.

Surveillance Report #91: Trends in Underage Drinking in the United States, 1991-2009. Chen, C.M.; Yi, H.; Faden, V.B. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, March 2011.

Surveillance Report #89: Trends in Alcohol–Related Morbidity Among Short–Stay Community Hospital Discharges, United States, 1979–2007. Chen, C.M.; Yi, H. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, August 2010.

Surveillance Report #88: Liver Cirrhosis Mortality in the United States, 1970–2007. Yoon, Y.; Yi, H. National Institute on Alcohol Abuse and Alcoholism, Division of Epidemiology and Prevention Research, Alcohol Epidemiologic Data System, August 2010.

Full text is available on the NIAAA Web site: http://pubs.niaaa.nih.gov/publications/surveillance.htm.

Additional Online Resources: ETOH Archive

NIAAA's ETOH Web site (http://etoh.niaaa.nih.gov/) serves as a comprehensive source of Web-based alcohol research information for researchers and practitioners. In addition to offering links to numerous online resources, the Web portal retains an archive of the original ETOH bibliographic database of 130,000 publications from the late 1960s through 2003. A thesaurus of alcohol and other drug terms is available to help users conduct effective searches.

APPENDIX: LIST OF ACRONYMS

AEDS	Alcohol Epidemiologic Data System
ADSS	Alcohol and Drug Services Study
Add Health	National Longitudinal Study on Adolescent Health
AHRQ	Agency for Health Care Research and Quality
ASAPS	The Adolescent Substance Abuse Prevention Study
AUDIT	Alcohol Use Disorders Identification Test
BAC	Blood Alcohol Concentration
BJS	Bureau of Justice Statistics
BRFS	Behavioral Risk Factors Survey
BRFSS	Behavioral Risk Factors Surveillance System
CAS	College Alcohol Study
CDC	Centers for Disease Control
DHHS	Department of Health and Human Services
DIS	Diagnostic Interview Schedule
DOT	Department of Transportation
DRG	Diagnostic Related Groups
DSM	Diagnostic and Statistical Manual
DSRS	Drug Services Research Survey
DWI	Driving While Intoxicated
DUI	Driving Under the Influence
ETOH	Alcohol and Alcohol Problems Science Database
FARS	Fatality Analysis Reporting System (formerly Fatal Accident Reporting System)
GES	General Estimates System
HCC	Healthcare for Communities
HCUP	Health Care Cost and Utilization Project
HPDP	Health Prevention Disease Promotion Supplement of NHIS
HRS	Health and Retirement Study: A Longitudinal Study of Health, Retirement, and Aging
ICD-9	International Classification of Diseases, Ninth Revision (mortality)
ICD-9-CM	International Classification of Diseases, Ninth Revision, Clinical Modification (morbidity)
ICD-10	International Classification of Diseases, Tenth Revision (mortality)
ICPSR	Inter-university Consortium for Political and Social Research
MCD	Multiple Cause of Death
MD	Mortality Detail
NACJD	National Archive of Criminal Justice Data
NASHS	National Adolescent Student Health Survey
NAMCS	National Ambulatory Medical Care Survey
NAS	National Alcohol Survey
NCANDS	National Child Abuse and Neglect Data System

NCES	National Center for Education Statistics
NCHS	National Center for Health Statistics
NCS	National Comorbidity Survey
NCS-R	National Comorbidity Survey Replication
NCVS	National Crime Victimization Survey
NDATUS	National Drug and Alcoholism Treatment Utilization (or Unit) Survey
NELS	National Education Longitudinal Study
NESARC	National Epidemiologic Survey on Alcohol and Related Conditions
NFMS	National Fetal Mortality Survey
NHANES	National Health and Nutrition Examination Survey
NHDS	National Hospital Discharge Survey
NHEFS	National Health and Nutrition Examination Survey I—Epidemiologic Follow-up Study
NHIS	National Health Interview Survey
NHTSA	National Highway Traffic Safety Administration
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICHD	National Institute of Child Health and Human Development
NIDA	National Institute on Drug Abuse
NIH	National Institutes of Health
NIMH	National Institute of Mental Health
NLSY	National Longitudinal Survey of Youth
NNS	National Natality Survey
NSDUH	National Survey of Drug Use and Health
NSFH	National Survey of Families and Households
N-SSATS	National Survey of Substance Abuse Treatment Services
NTIES	National Treatment Improvement Evaluation Study
NTIS	National Technical Information Service
NVDRS	National Violent Death Reporting System
PHS	Public Health Service
PRAMS	The Pregnancy Risk Assessment Monitoring System
PSU	Primary Sampling Unit
QF	Quantity–Frequency
SAMHDA	Substance Abuse and Mental Health Data Archive
SAMHSA	Substance Abuse and Mental Health Services Administration
SMSA	Standard Metropolitan Statistical Area
SROS	Services Research Outcomes Study
TEDS	Treatment Episode Data Set
UFDS	Uniform Facility Data Set
YRBS	Youth Risk Behavior Survey
YRBSS	Youth Risk Behavior Surveillance System