

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

# **Alcohol Epidemiologic Data Directory**

**June 1999**

CSR, Incorporated  
Suite 200  
1400 Eye Street, NW  
Washington, DC 20005

Developed Under Contract No. N01-AA-5-1001

---

---

# TABLE OF CONTENTS

---

---

<b>FOREWORD</b> .....	1
<b>INTRODUCTION</b> .....	3
<b>1. NATIONAL HEALTH AND ALCOHOL DATA SETS</b> .....	5
Alcohol and Drug Services Study (ADSS) .....	7
CDC State Behavioral Risk Factor Surveillance System .....	8
Drug Services Research Survey .....	9
Fatality Analysis Reporting System .....	10
Health Care Cost and Utilization Project: HCUP Nationwide Inpatient Sample (NIS) .....	11
Linked Birth and Infant Death Data Set Public-Use Data Files .....	13
National Alcohol Survey (Survey of Attitudes and Interests) .....	14
National Automotive Sampling System - General Estimates System .....	16
National Ambulatory Medical Care Survey .....	17
National Crime Victimization Survey .....	18
National Fetal Mortality Survey .....	19
National Health and Nutrition Examination Surveys I .....	20
NHANES I Epidemiologic Followup Studies—1982-84 .....	22
NHANES I Epidemiologic Followup Studies—1986 .....	24
NHANES I Epidemiologic Followup Studies—1987 .....	25
NHANES I Epidemiologic Followup Studies—1992 .....	27
NHANES II 1976-1980 .....	29
NHANES III 1988-1994 .....	30
National Health Interview Surveys .....	
General Description 1957-1995 .....	31
Disability Supplements and Year 2000 Objectives—1994-1995 .....	33
1993 Supplement .....	35
YRBS and Epidemiology Supplements—1992 .....	36
Drug and Alcohol Use Supplement—1991 .....	37
Health Promotion and Disease Prevention Supplement—1985, 1990, and 1991 .....	38
Alcohol Sections—1983 and 1988 .....	39
Epidemiologic Followup Study—1987 .....	41
National Hospital Ambulatory Medical Care Survey .....	42
National Hospital Discharge Survey .....	43
National Household Survey on Drug Abuse .....	45
National Longitudinal Alcohol Epidemiologic Survey .....	47
National Longitudinal Study on Adolescent Health .....	48
National Longitudinal Survey of Youth .....	49
National Maternal and Infant Health Survey .....	51
National Natality Survey .....	52
National Mortality Followback Survey .....	53
National Survey of Personal Health Practices and Consequences .....	54
National Treatment Improvement Evaluation Study .....	55
Services Research Outcome Study .....	56
Treatment Episode Data Set .....	57
Uniform Facility Data Set (UFDS), formerly known as the National Drug and Alcoholism Treatment Unit Survey .....	58

## Table of Contents

---

Vital Statistics Mortality Data, Mortality Detail and Multiple Cause of Death . . . . .	60
<b>2. SPECIAL POPULATION DATA SETS . . . . .</b>	<b>61</b>
(Washington) DC Metropolitan Area Drug Study (DC*MADS) . . . . .	63
Evaluation of the Health Care Financing Administration's Alcoholism Service Demonstration: The Medicare Experience . . . . .	64
Hispanic Health and Nutrition Examination Survey . . . . .	65
Japanese/American Survey . . . . .	66
Monitoring the Future Study . . . . .	67
National Adolescent Student Health Survey . . . . .	69
National Youth Survey . . . . .	70
Survey of Inmates of Local Jails . . . . .	71
Survey of Inmates of State and Federal Correctional Facilities . . . . .	72
Survey of Youth and Young Adults Drinking, Baton Rouge, Louisiana . . . . .	73
Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel and Worldwide Surveys of Alcohol and Nonmedical Drug Use Among Military Personnel . . .	74
Youth Risk Behavior Survey . . . . .	75
<b>3. AEDS PUBLICATIONS AND PRODUCTS . . . . .</b>	<b>77</b>
<b>APPENDIX . . . . .</b>	<b>83</b>

---

---

## FOREWORD

---

---

Research conducted by the Division of Biometry and Epidemiology at NIAAA seeks to further identify and explain factors contributing to alcohol use, abuse and dependence and the impact of alcohol on society in terms of death; chronic disease; and other medical, psychological, social, legal, and economic consequences. This is accomplished using data collected through epidemiologic surveillance and population-based surveys.

Data collection, analysis, and reporting are facilitated by NIAAA's Alcohol Epidemiologic Data System (AEDS). AEDS monitors trends in alcohol epidemiology through surveillance of apparent per capita alcohol consumption, cirrhosis mortality, alcohol-related morbidity among patients discharged from short-stay community hospitals, and alcohol-related fatal traffic crashes. These trends are reported in annual surveillance reports, listed in Section 3 of this report.

This *Alcohol Epidemiologic Data Directory* is a descriptive listing of these surveys and other relevant data suitable for epidemiologic research on alcohol. Some of the surveys included are designed specifically to answer alcohol-related questions; other surveys address wider issues but contain alcohol-related data.

Federal data collection activities are subject to change as new technologies become available and data needs develop. Changes are reflected in this data directory as the data are publicly released. Forthcoming changes include a redesign at the National Health Interview Survey, beginning with the 1997 data collection. NHANES is also beginning a new generation in 1998 when it will be implemented as a continuous, annual survey with links to other Federal data collections.

NIAAA sponsors other sources of alcohol-related data. ETOH, the Alcohol and Alcohol Problems Science database, contains bibliographic references and abstracts of books, journal articles, government documents and other publications. Quick Facts, an electronic bulletin board operated by AEDS, provides free access to alcohol-related data collected by NIAAA and other researchers. Information on accessing ETOH and Quick Facts is included in Section 3 of this report.

Mary C. Dufour, M.D., M.P.H.  
Deputy Director, National Institute on Alcohol Abuse and Alcoholism  
Director, Division of Biometry and Epidemiology



---

---

## INTRODUCTION

---

---

The Alcohol Epidemiologic Data System (AEDS) is operated by CSR, Incorporated under contract to the National Institute on Alcohol Abuse and Alcoholism (NIAAA) as a centralized, national repository of alcohol-related data sets. Initiated in 1977, the mandate of the data system is to identify, acquire, and analyze alcohol-related epidemiologic data under the direction of NIAAA's Division of Biometry and Epidemiology. AEDS primarily collects data sets which are national in scope. In some cases, however, select specialized data sets may be acquired.

The primary mission of the Data System is to support the activities of NIAAA's Division of Biometry and Epidemiology. AEDS produces several reports based on its research activities. The *Alcohol Epidemiologic Data Directory* is one of these products.

The *Alcohol Epidemiologic Data Directory* is designed to identify raw data available for expanded epidemiologic study. It is not a comprehensive listing of all data sets available to alcoholism professionals. Many small-scale surveys, single-state surveys and local attitudinal surveys are not included. Data sets not yet available to the public will appear in annual updates of the data directory as they become available.

Data sets are described in two sections. The first section includes data sets that are representative of the overall U.S. population, with different age restrictions in sample design. The second section includes data sets that focus on special populations (e.g., adolescents, prison inmates, military personnel, and specific racial/ethnic groups). A final section describes publications and other research products available from AEDS.

Data sets listed in this directory are produced by a variety of sources. A contact is listed for each data set to assist researchers in obtaining information on data availability. Internet addresses have been added in this directory to guide the user to further information available from the data providers. Data are increasingly available in downloadable formats from internet sources. Internet addresses are provided in this directory to help the user determine data availability. Unless specified, AEDS does not distribute the data listed in this directory.

Data are provided in varying forms (e.g., internet, CD-ROM, diskette, reel tape, and 8mm tape). Data consumers are advised to inquire about specific files of data available in different formats from different providers. The raw data and documentation contained in each format may vary.

There are times when researchers' needs can be met without analysis of raw data. Data from the data sets described in this directory often are available in tabular or summary form as well. The internet is an excellent source for data because it eliminates the lag time associated with published reports. NCHS data are available through <http://www.cdc.gov/nchswww>. Links to CDC Wonder's data retrieval system are available by clicking on the "Data Warehouse." Wonder PC software will allow this connection without using the internet. Links to additional Federal Drug Data Sources are available through <http://www.whitehousedrugpolicy.gov>. The Bureau of Justice Statistics, the Department of Transportation, and the Bureau of Labor Statistics also have web sites. AEDS products are described on page 67 of this report and may be accessed through <http://www.niaaa.nih.gov>.

Comments, questions, or requests for additional copies of this or other AEDS publications should be directed to:

Alcohol Epidemiologic Data System  
CSR Incorporated  
Suite 200  
1400 Eye Street, N.W.  
Washington, DC 20005  
Phone: (202) 842-7600  
Fax: (202) 842-0418



## **Section 1:**

# **National Health and Alcohol Data Sets**





---

<b>Title:</b>	<b>Alcohol and Drug Services Study (ADSS)—1997</b>
<b>Sponsoring agency:</b>	Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services.
<b>Contact:</b>	Anita Gadzuk Office of Applied Studies SAMSHA 5600 Fishers Lane, Rm 16-105 Rockville, MD 20857 (301) 443-0465 <a href="http://www.icpsr.umich.edu/SAMHDA/other.html">http://www.icpsr.umich.edu/SAMHDA/other.html</a>
<b>Survey design/purpose:</b>	ADSS is a national survey designed to obtain in-depth information on substance abuse treatment providers and clients. Information provided 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 UFDS reports. ADSS is the continuation of DSRS and SROS, described separately in this publication.
<b>Methodology:</b>	ADSS consists of three phases: (1) a facility-based telephone interview with a representative sample of substance abuse treatment providers; (2) a record-based survey of patients where patient-level information was 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. Follow-up began in February 1998.
<b>Sample size:</b>	The ADSS uses a sample of 2200-2400 treatment facilities, with 300 facilities sub-sampled by a site visit. Patient-level information is collected on a sample of over 4000 clients.
<b>Alcohol variables:</b>	Alcohol and other drug use history is recorded along with treatment type; length of stay in treatment; and source of payment. Post-treatment use will be studied in the Phase III follow-up.
<b>Other variables:</b>	Demographics (ages, race and sex); pregnancy status; living arrangements and source of treatment referral are collected on patients. Facility characteristics recorded include ownership; accreditation; workload and staffing; revenue sources; and treatment cost. Follow-up will include post-treatment status of criminal behavior, employment and health resources use.
<b>Limitations:</b>	Data provide national (not State or local) estimates only.

<b>Title:</b>	<b>CDC State Behavioral Risk Factor Surveillance System—1984-1997, Annually</b>
<b>Sponsoring agency:</b>	Surveys are conducted by the States and coordinated by the CDC, U.S. Department of Health and Human Services.
<b>Contact:</b>	Behavioral Surveillance Branch Centers for Disease Control and Prevention 4770 Buford Highway, NE, MS-K30 Atlanta, GA 30341 (404) 488-5292 <a href="http://www.cdc.gov/nccdphp/brfss">http://www.cdc.gov/nccdphp/brfss</a>
<b>Survey design/purpose:</b>	The survey was initiated in 1981 to help the States to obtain prevalence estimates of health behaviors associated with the risk of chronic disease and injury. Twenty-nine States participated in initial point-in-time surveys from 1981–1983; monthly data collection began in 15 States in 1984. By 1994, all states, the District of Columbia, and three territories were participating in the BRFSS. Behavioral Surveillance includes seat belt use, history of hypertension, frequency of physical exercise, amount of recreational activity, diet, mammography, exposure to stress, smoking, alcohol use (including drinking and driving), HIV/AIDS, and prevention behaviors (i.e., annual check-ups, cancer screening, etc.). Data from 1984 to the present are available on CD-ROM.
<b>Methodology:</b>	The survey is conducted in each participating State on a probability sample with telephone interviews in the first and last weeks of each month in the year. The survey consists of a set of core questions and seven modules; each participating State administers the core set and as many of the modules as their desire and funding allows.
<b>Sample size:</b>	Sample size varies from year to year, dependent on the number of States participating. All States except Wyoming participated in 1993. In recent years, there were approximately 50,000 respondents. BRFSS was designed to collect State-level data; however, regional prevalence estimates are possible due to a number of States that stratified their samples from the outset.
<b>Alcohol variables:</b>	Alcohol variables include alcohol consumption within the past month; frequency of consumption within the past 12 months; average number of drinks consumed per occasion; having five or more drinks per occasion within the past 4 weeks; and frequency of driving after drinking (or riding with as drinking driver) within the past 4 weeks. Note: Alcohol questions are part of a rotating core questionnaire. States responding to alcohol questions number: 11 in 1994, all in 1995, 17 in 1996, all in 1997.
<b>Other variables:</b>	Other key variables in the survey include age, race, sex, education, height, and weight. States can add modules of questions to meet special needs.
<b>Limitations:</b>	Participation of States varies each year. Caution must be used when comparing data over several years.

<b>Title:</b>	<b>Drug Services Research Survey (DSRS)—1990</b>
<b>Sponsoring agency:</b>	Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
<b>Contact:</b>	Anita Gadzuk Office of Applied Studies SAMSHA 5600 Fishers Lane, Rm 16-105 Rockville, MD 20857 (301) 443-0465 <a href="http://www.icpsr.umich.edu/SAMHDA/other.html">http://www.icpsr.umich.edu/SAMHDA/other.html</a>
<b>Survey design/purpose:</b>	DSRS was conducted in 1990 to obtain information on alcoholism and drug abuse treatment providers and patients to supplement data from the National Drug and Alcoholism Treatment Unit Survey (NDATUS) (now UFDS). Treatment capacity and utilization, treatment of IV drug users and pregnant women, and training received by treatment providers was recorded. This survey also provided baseline data for the SROS follow-up study of treatment outcome.
<b>Methodology:</b>	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.
<b>Sample size:</b>	A stratified random sample of 1,803 treatment facilities in the coterminous United States was drawn from the 1990 NDATUS census. Facility level data were collected by telephone: 1,458 facilities were determined to be eligible for inclusion and 1,183 provided data. A sub-sample of 120 facilities participated in site visits to abstract information from patient records. Client data were collected on a sample of 2,222 discharged patients.
<b>Alcohol variables:</b>	Facility variables include treatment modality, length of stay, principal drug of use for clients in treatment, treatment history, history of use, and source.
<b>Other variables:</b>	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.
<b>Limitations:</b>	Data provide national (not State and local) estimates only.

<b>Title:</b>	<b>Fatality Analysis Reporting System (FARS)—1975-1997</b>
<b>Sponsoring agency:</b>	National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation
<b>Contact:</b>	Ms. Louann Hall National Center for Statistics and Analysis NRD-32, NHTSA 400 Seventh Street, SW Washington, D.C. 20590 (202) 366-4198 or 1-800-934-8517 <a href="http://www.nhtsa.dot.gov/people/nca/fars.html">http://www.nhtsa.dot.gov/people/nca/fars.html</a>
<b>Survey design/purpose:</b>	FARS gathers detailed data on fatal traffic crashes each year to identify traffic safety problems (including drinking and driving), to develop and implement better ways of dealing with these problems, and to evaluate existing and proposed highway and motor vehicle safety standards and highway safety programs.
<b>Methodology:</b>	FARS collects data on all fatal traffic crashes occurring each year within the 50 States, the District of Columbia, and Puerto Rico. To be included, a crash must involve at least one motor vehicle moving on a roadway customarily open to the public, and result in the death of a person within 30 days of the crash. Data sources may include: police crash reports, State vehicle registration files, State driver licensing files, State highway department files, vital statistics documents, death certificates, coroners' reports, hospital reports, and emergency medical services reports. Over 100 data elements are collected using four instruments: the accident form, the vehicle and driver form, the person form, and the FARS alcohol files.
<b>Sample size:</b>	FARS is a census of all fatal traffic crashes, as defined above, occurring in the United States each year, and as such, the totals vary from year to year. In 1996, FARS contained 37,351 fatal traffic crashes that resulted in 41,907 deaths.
<b>Alcohol variables:</b>	Alcohol involvement in a crash is determined with the following three variables: (1) results of a blood alcohol concentration (BAC) test, (2) the judgment of the investigating officer, and (3) whether DUI charges were filed. In 1984, NHTSA developed a statistical method for estimating BAC values for drivers in cases where BACs are unknown.
<b>Other variables:</b>	Other key variables available for analysis in FARS include: age, sex, time and date of occurrence of the crash, number of vehicles involved, vehicle make and model, speed limit, road and atmospheric conditions, violations charged, injury severity, and person type.
<b>Limitations:</b>	Alcohol involvement is typically underreported because (1) police are reluctant to specify alcohol involvement, (2) BAC tests are not consistently administered, and (3) DUI citations are rarely given. Unfortunately, the estimated driver BAC values produced using the NHTSA statistical procedure are not available on public use data tapes. Also, some important demographic variables (e.g., race) are not included.

<b>Title:</b>	<b>Health Care Cost and Utilization Project (HCUP) Nationwide Inpatient Sample (NIS)—1988-1996</b>
<b>Sponsoring agency:</b>	Agency for Health Care Policy and Research (AHCPR), U.S. Department of Health and Human Services
<b>Contact:</b>	Health Care Cost and Utilization Project Agency for Health Care Policy and Research 2101 E. Jefferson Street, Suite 500 Rockville, MD 20852 (301) 594-1400 <a href="http://www.ahcpr.gov/data/hcup/hcupnis.htm">http://www.ahcpr.gov/data/hcup/hcupnis.htm</a>
<b>Survey design/purpose:</b>	HCUP is a Federal-State-Industry partnership in health care data. HCUP's objectives are to: (1) obtain data from statewide information sources, (2) design and develop a multi-State health care database to be used for health services research and health policy analysis, and (3) release data to a broad set of public and private users. These uniform data will 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 that contains patient-level information on inpatient hospital stays.
<b>Methodology:</b>	The NIS is a stratified probability sample of U.S. hospitals proportional to the number of community hospitals in each stratum. It contains discharge data from hospitals in States that have agreed to provide the project with all-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 producing national estimates. This can be linked to hospital-level data from the American Hospital Association (AHA) Annual Survey of Hospitals, and to county-level data from the Bureau of Health Professions' Area Resource File (except for hospitals in Kansas and South Carolina). Five releases are currently available: 1988-1992 (11 States responding), 1993 and 1994 (17 States responding), and 1995-1996 (19 states responding). Each release approximates a 20% sample of U.S. community hospitals for their respective years.
<b>Sample size:</b>	The NIS contains discharge data from about 900 hospitals approximating a 20-percent sample of U.S. hospitals. The number of states participating has increased from 11 in Release 1 to 19 in Release 5. Data in Release 5 include 6.5 million records.
<b>Alcohol variables:</b>	Alcohol-related diagnoses may be compared by geographic region, hospital ownership, urban/rural location, and quality of care outcomes. NIS data may be compared with the National Hospital Discharge Survey data to evaluate validity and generalizability.

**Other variables:** Other key variables include: principal diagnosis, any listed diagnosis, principal procedure, any listed procedure, DRG in effect on discharge, age, race, sex, died during hospitalization, length of stay, primary and secondary payer, and median income.

<b>Title:</b>	<b>Linked Birth and Infant Death Data Set Public-Use Data Files—1989-91</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Marian MacDorman, Ph.D. Reproductive Statistics Branch NCHS/Centers for Disease Control and Prevention 6526 Belcrest Road, Room 840 Hyattsville, MD 20782 (301) 436-8954, ext. 171 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/linkdbd/linkdbd.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/linkdbd/linkdbd.htm</a>
<b>Survey design/purpose:</b>	In 1983 NCHS established a unique research data set comprised on linked birth and death certificates for infants born in the United States who died before reaching one year of age. In this data set, information from the death certificate is linked with information from the birth certificate for each infant. The purpose of this linkage is to use the many additional variables available from the birth certificate in infant mortality analysis. Analysis of this information can provide insight into the major factors influencing infant mortality in the United States.
<b>Methodology:</b>	The Linked Birth/Death Data Set-1995 Period Data contains numerator and denominator files for the United States, Puerto Rico, the Virgin Islands, and Guam. These and earlier data sets can be used to calculate infant mortality rates by selected infant and maternal characteristics. The numerator file contains statistical data from linked birth and infant death records. The denominator file is the NCHS natality file in a compressed format. For the 1995 data set, 97.5 percent of all infant deaths in the United States are linked to their corresponding birth records. However, for a few infant death records, no matching birth certificate could be found. An additional file of infant death records, called the “unlinked file,” is also provided. Beginning with 1989 data, the additional variables from the 1989 Revision of the U.S. Standard Certificates of Birth and Death were added.
<b>Sample size:</b>	The 1991 data set includes 35,520 records in the numerator file and 3,913,967 records in the denominator file.
<b>Alcohol variables:</b>	Alcohol use by the mother is recorded in both the numerator and denominator files for 1989-91 birth cohorts only. The survey asks if the mother used alcohol during the pregnancy and the average number of drinks consumed per week.
<b>Other variables:</b>	Demographic information, pregnancy/birth history and prenatal care, infant health data, and cause of death are obtained from birth and death records. Causes of death were coded using the International Classification of Disease, 9th Revision.



- Title:** **National Alcohol Survey (Survey of Attitudes and Interests)—1964-65, 1967, 1969, 1974, 1979, 1984, 1990 and 1992 Follow-up, 1995-96**
- Sponsoring agency:** Alcohol Research Group, and National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services
- Contact:** Alcohol Research Group  
2000 Hearst Avenue, Suite 300  
Berkeley, CA 94709-2179  
(510) 642-5208  
<http://www.arg.org/studies.html>
- Survey design:** The National Alcohol Survey (NAS) is designed to assess trends in drinking practices and problems in the national population, including attitudes, norms, treatment experiences and adverse consequences. It also studies effects of public policy on drinking practices, i.e., alcoholic beverage warning labels.
- Sample characteristics:** The National Alcohol Survey is a multistage-area probability sample. In-person and telephone interviews are conducted with adult respondents, age 18 and older, in households within the 48 contiguous States. Blacks and Hispanics are oversampled. Special populations in various institutional settings, including detoxification centers, jails, clinics, emergency rooms, and welfare offices may be sampled.
- Sample size:** The number of respondents varies each year as shown below:

<u>Survey</u>	<u>Year</u>	<u>Sample Size</u>	<u>Population</u>
N1	1964-65	2,746	Adults, excl. AK and HI
N2	1967	1,359	N1 respondents, reinterviewed
N3	1969	978	Men, aged 21-49
N4	1974	725	N3 respondents, reinterviewed
N5	1974	900	N2 respondents, reinterviewed
N6	1979	1,772	Adults, aged 18+
N7	1984	5,221	Adults, aged 18+
N8	1990	2,058	Adults, aged 18+
		1,110	Youth supplement, aged 12-30
N7 Followup	1992	2,247	N7 respondents, reinterviewed
		583	New youth respondents—aged 18-25
N8 Followup	1992-93	1,027	N8 respondents, reinterviewed
		261	Family members of teens (12-17) from N8 main sample, reinterviewed
N9	1995-96	4,925	Adults, aged 18+

<b>Alcohol variables:</b>	Includes quantity/frequency measures of total alcohol consumption and individual beverage type including beer, wine and spirits. Questions also survey binge drinking, attempts to reduce drinking, attitudes/opinions on drinking levels in different drinking situations, treatment status, and drinking consequences. Drinking consequences surveyed include: skipping meals, hands shaking, financial harm, employment repercussions, injury or health effects, and psychological/emotional distress. Trend analysis of consumption, problems, and norms using 1979, 1984, 1990, and 1995 data is available in the 1995-96 survey.
<b>Other variables:</b>	Demographic data including age, race, sex, geographic region, education, income, and others. Additional variables include attitudes and values concerning violence and injury; risktaking behaviors; AIDS knowledge and fears; illegal behaviors and arrests; criminal history; and likelihood of being caught.
<b>Limitations:</b>	Responses are weighted to compensate for uneven selection probabilities.

<b>Title:</b>	<b>National Automotive Sampling System - General Estimates System (GES)—1988-1997, Annually</b>
<b>Sponsoring agency:</b>	National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation
<b>Contact:</b>	Ms. Louann Hall National Center for Statistics and Analysis NRD-32, NHTSA 400 Seventh Street, SW Washington, D.C. 20590 (202) 366-4198 or 1-800-934-8517 <a href="http://www.nhtsa.dot.gov/people/nca/nass_ges.html">http://www.nhtsa.dot.gov/people/nca/nass_ges.html</a>
<b>Survey design/purpose:</b>	To support the development, implementation and assessment of highway safety programs aimed at reducing the human and economic cost of motor vehicle traffic crashes, as well as to identify highway safety problem areas, provide a basis for regulatory and consumer information initiatives, and form the basis for cost and benefit analyses of highway safety initiatives.
<b>Methodology:</b>	The GES collects data from a stratified probability sample of the estimated 6.1 million police-reported crashes that occur each year. Data are obtained by GES collectors in weekly, biweekly, or monthly visits to approximately 400 police agencies within 60 demographic sites throughout the United States.
<b>Sample Size:</b>	The GES samples approximately 50,000 Police Accident Reports on accidents of all types, from minor to serious.
<b>Alcohol variables:</b>	Alcohol involvement is reported as the judgment of the investigating officer. Also included is a variable that indicates the violation(s) charged to the driver of the vehicle.
<b>Other variables:</b>	Other key variables include age, sex, time and date of occurrence, vehicle make, injury information, fatalities, property damage, and sample weights.
<b>Limitations:</b>	There are no data on blood alcohol concentration levels because it is rare that in a nonfatal accident any kind of alcohol test will be performed. Data on fatalities are usually derived from FARS (a census of fatal traffic crashes) rather than GES. Some key demographic variables, such as race, are not included.

<b>Title:</b>	<b>National Ambulatory Medical Care Survey (NAMCS)—1973, 1975-1981, 1985, 1989-1997</b>																																								
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services																																								
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/ahcd/namcsdes.htm">http://www.cdc.gov/nchswww/about/major/ahcd/namcsdes.htm</a>																																								
<b>Survey design/purpose:</b>	To provide objective, reliable information about the provision and use of ambulatory medical care services in the United States.																																								
<b>Sample characteristics:</b>	A national probability sample of ambulatory office visits providing information on patient, physician, and visit characteristics. The sample includes office visits to over 1,700 physicians in the U.S. who are engaged in patient care in an office setting. Data for a systematic random sample of visits were recorded by physicians during a randomly assigned 7-day period. Encounter forms use data obtained on patients' characteristics, several clinical aspects of the visit, medications prescribed, diagnoses, physician characteristics, and expected source of payment.																																								
<b>Sample size:</b>	The number of records included in each survey is listed below: <table border="1" style="margin-left: 20px; border-collapse: collapse; width: 100%;"> <thead> <tr> <th><u>Year</u></th> <th><u>Number of Records</u></th> <th><u>Year</u></th> <th><u>Number of Records</u></th> </tr> </thead> <tbody> <tr><td>1973</td><td>29,143</td><td>1989</td><td>38,384</td></tr> <tr><td>1975</td><td>62,697</td><td>1990</td><td>43,469</td></tr> <tr><td>1976</td><td>51,224</td><td>1991</td><td>33,795</td></tr> <tr><td>1977</td><td>51,004</td><td>1992</td><td>34,606</td></tr> <tr><td>1978</td><td>47,291</td><td>1993</td><td>35,978</td></tr> <tr><td>1979</td><td>45,351</td><td>1994</td><td>33,598</td></tr> <tr><td>1980</td><td>46,081</td><td>1995</td><td>36,875</td></tr> <tr><td>1981</td><td>43,366</td><td>1996</td><td>29,805</td></tr> <tr><td>1985</td><td>71,594</td><td>1997</td><td>24,715</td></tr> </tbody> </table>	<u>Year</u>	<u>Number of Records</u>	<u>Year</u>	<u>Number of Records</u>	1973	29,143	1989	38,384	1975	62,697	1990	43,469	1976	51,224	1991	33,795	1977	51,004	1992	34,606	1978	47,291	1993	35,978	1979	45,351	1994	33,598	1980	46,081	1995	36,875	1981	43,366	1996	29,805	1985	71,594	1997	24,715
<u>Year</u>	<u>Number of Records</u>	<u>Year</u>	<u>Number of Records</u>																																						
1973	29,143	1989	38,384																																						
1975	62,697	1990	43,469																																						
1976	51,224	1991	33,795																																						
1977	51,004	1992	34,606																																						
1978	47,291	1993	35,978																																						
1979	45,351	1994	33,598																																						
1980	46,081	1995	36,875																																						
1981	43,366	1996	29,805																																						
1985	71,594	1997	24,715																																						
<b>Alcohol variables:</b>	Alcohol use or alcohol-related conditions cited as a reason for the visit are coded only when mentioned by the patient.																																								
<b>Other variables:</b>	Patient data collected include: date of visit, age, race, sex, and ethnicity of patient; reason for visit (up to 3); expected source(s) of payment; diagnostic screening services this visit; physician's diagnosis(es)(up to 3); referral and previous visit history; medication and non-medication therapy(s)(up to 5 medications); disposition and duration of visit; patient weight; geographic region; and SMSA code. Pregnancy status, authorization requirements, HMO status and major reason for visit were added in 1997.																																								
<b>Data tape availability:</b>	Data for survey years 1973-91 are available on two data files: a patient visit data file and a second file dealing with drug mentions. The "drug file" includes only office visits where one or more medications were ordered, administered, or provided. Both patient visit and drug information are combined in one data file as of 1992.																																								

<b>Title:</b>	<b>National Crime Victimization Survey, 1986-1996, Annually</b>
<b>Sponsoring agency:</b>	Bureau of Justice Statistics, U.S. Department of Justice
<b>Contact:</b>	Michael R. Rand, Chief Bureau of Justice Statistics Victimization Statistics 810 Seventh Street, N.W. Washington, DC 20531 (202) 616-3494 <a href="http://www.ojp.usdoj.gov/bjs/cvict.htm">http://www.ojp.usdoj.gov/bjs/cvict.htm</a> <a href="http://www.icpsr.umich.edu/NACJD/SDA/ncvs.html">http://www.icpsr.umich.edu/NACJD/SDA/ncvs.html</a>
<b>Survey design/purpose:</b>	The National Crime Surveys collect data on the prevalence of personal and household victimization in the United States. The program has four primary objectives: to develop detailed information about the victims and consequences of crime, to estimate the numbers and types of crimes not reported to the police, to provide uniform measures of selected types of crimes, and to permit comparisons over time and types of areas. A School Crime Supplement was conducted in 1989 and 1995. It included 12-19 year-old students in schools leading toward diplomas. Data have been collected since 1973 with a redesign in 1992.
<b>Sample characteristics:</b>	This is an on-going national probability survey of residential addresses in selected U.S. cities. Seven interviews are conducted at 6-month intervals.
<b>Sample size:</b>	The 1996 sample includes approximately 94,000 persons, age 12 and older, in 45,400 households in the United States. Each housing unit selected remains in the sample for 3 years.
<b>Alcohol variables:</b>	The survey inquires if the victim noticed that the offender had been drinking or used drugs in combination with alcohol. The School Crime Supplement includes questions pertaining to students' knowledge of drug sources at school.
<b>Other variables:</b>	Demographic information on the victim and offender are collected, along with: characteristics of the crime, situational data, and information on responses to the incident by the victim and the criminal justice system. The crimes (or attempted crimes) recorded include rape, robbery, assault, burglary, larceny, and auto or motor vehicle theft.
<b>Limitations:</b>	Undercoverage of certain population subgroups (e.g., young, black males; illegal aliens; or those with particular lifestyles, such as drifters, street hustlers, and the homeless). Victim interviews rely on perception of drug use by the offender, which may not have been accurately observed. Not all criminal incidents are covered (e.g., white collar crime). Recollection of the event by the victim can be problematic; there is also a reluctance to report certain incidents, especially domestic violence. Panel design of housing units precludes long-term observation of individual victimization experiences.

---

<b>Title:</b>	<b>National Fetal Mortality Survey (NFMS)—1980</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500
<b>Survey design/purpose:</b>	The 1980 NFMS is a mailed followback survey of mothers, hospitals and other medical sources identified from reports of fetal death or certificates of fetal death. Information is abstracted from fetal death reports or certificates, questionnaires mailed to married mothers only, and questionnaires mailed to three types of medical service providers as appropriate (attendants at delivery, hospitals, radiologic services)
<b>Sample characteristics:</b>	A two-in-five nationwide sample of all fetal deaths which occurred during 1980 in the United States with gestation of 28 weeks or more, or delivery weight of 1,000 grams or more.
<b>Sample size:</b>	It is a sample of 6,387 fetal deaths.
<b>Alcohol variables:</b>	The variables that describe alcohol consumption during pregnancy are limited to the 4,405 married mothers who completed the mailed questionnaire. These are: alcoholic beverage consumption during 12 months before delivery, quantity and frequency before pregnancy and during pregnancy, as well as the kinds of alcoholic beverages consumed.
<b>Other variables:</b>	Demographics, health status, health practices, health resource utilization and infant status variables. Also included are pregnancy outcome variables such as miter, Apgar score, and complications.
<b>Limitations:</b>	Levels of reported alcohol consumption are low, thus limiting possibilities for analysis of moderate and heavy drinkers.

<b>Title:</b>	<b>National Health and Nutrition Examination Survey I (NHANES I) 1971-1975</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/nhanes/nhanes.htm">http://www.cdc.gov/nchswww/about/major/nhanes/nhanes.htm</a> <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhanesi/nhanes1.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhanesi/nhanes1.htm</a>
<b>Survey design/purpose:</b>	NHANES I was designed to collect extensive demographic, medical history, nutritional, clinical, and laboratory data on a probability sample of the civilian noninstitutionalized population of the United States.
<b>Methodology:</b>	The survey was a multistage, stratified probability sample of clusters of persons 1-74 years of age. The survey design included oversampling of certain population subgroups, including persons living in poverty areas, women of childbearing age (25-44 years of age), and elderly persons (65 years of age and over). The following items involved the entire sample: general medical history, 24-hour dietary intake, food frequency interview, food program questionnaire, general medical exam including dental, dermatological, and ophthalmological exams, anthropometric measurement, and 24 hematological, blood chemistry and urological lab determinations. Additionally, hand-wrist x-rays were performed on children 1-17, and other questionnaires, medical exams and lab tests were performed on a subset of the sampled adults 25-74 years of age.
<b>Sample size:</b>	Nationwide, multistage, stratified probability sample of about 32,000 persons 1-74 years old. Data are weighted to represent the civilian, noninstitutionalized population, excluding Alaska, Hawaii, and persons residing on Indian reservations.
<b>Alcohol variables:</b>	The medical exam portion of NHANES I includes 4 questions related to alcohol: <ol style="list-style-type: none"> <li>1. During the last year, have you had at least one drink of beer, wine or liquor?</li> <li>2. How often do you drink? (Range goes from daily to 2 or 3 times per year, for those who answered "yes" to question 1 above).</li> <li>3. Which do you most frequently drink? (Beer, wine, liquor).</li> <li>4. When you do drink (beer/wine/liquor), how much do you usually drink over 24 hours?</li> </ol> <p>The 24-hour dietary recall interview coded for alcohol ingested during a 24-hour period. Also, information on caloric value for each food substance ingested has been included to allow analysis of food calories, alcohol calories, and percentage of alcohol in the diet.</p>

<b>Other variables:</b>	<p>Demographic variables include age, sex, race, education, occupation, employment status, marital status, income, language, ancestry/national origin, participation in public assistance programs, and housing type and facilities.</p> <p>Medical information includes results of exams and lab tests.</p> <p>Nutritional information includes type of foods consumed, caloric content, and time and place of consumption.</p>
<b>Limitations:</b>	<p>Questions do not allow examination of former drinkers' consumption patterns and the 24-hours recall interview does not cover weekend consumption of alcohol. Weights are available. However, they are divided into specific sections of primary sampling units (PSUs) and are not available for the sample as a whole unit.</p>



<b>Title:</b>	<b>National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS)—1982-84</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm</a>
<b>Survey design/purpose:</b>	The primary purpose of 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 of NHEFS are to assess: <ol style="list-style-type: none"> <li>1. Morbidity and mortality associated with suspected risk factors.</li> <li>2. Changes in participants' characteristics.</li> <li>3. Natural history of chronic disease and functional impairments.</li> </ol>
<b>Methodology:</b>	NHANES I adult respondents were traced and interviewed in 1982-84, 1986, and 1987. Whereas NHANES I contains 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 in between followup interviews.
<b>Sample size:</b>	A total of 13,383 of the 14,407 respondents were traced from NHANES I. The sample was chosen from participants who were 25-74 years of age when examined in NHANES I. Proxies were used for those who were incapacitated or deceased. Health care facility records and death certificates were reviewed for the decedents. Pulse rate, weight and blood pressure measurements were recorded for surviving participants. 10,523 living respondents were interviewed out of the 11,361 traced (a response rate of 93 percent).
<b>Alcohol variables:</b>	Alcohol-related questions are contained in part M (1-22) of the 1982-84 survey, and one question (N-41) in the 24-hour dietary recall interview pertains to alcohol consumption. The questions primarily address issues of quantity and frequency of consumption, reasons for drinking type of beverage or not drinking, drinking patterns at earlier ages, and period of heaviest drinking.
<b>Other variables:</b>	Other variables include demographics (age, sex, race, education, occupation, income, employment status, marital status, etc.), medical history (medical conditions), nutrition (dietary recall and food frequency), physical examination, and measurements.

**Limitations:** As a result of oversampling of women, the elderly, and those persons residing in poverty areas in NHANES I, any analyses using NHANES I and the followup studies should be weighted appropriately. However, only baseline weights are available, which can be used if loss to followup is properly addressed and described so as to avoid bias. Data for racial groups other than white and black are restricted.

<b>Title:</b>	<b>National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS)—1986</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm</a>
<b>Survey design/purpose:</b>	The 1986 Followup was conducted to extend the followup period for the older NHEFS population. The main objectives of the 1986 Followup 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.
<b>Methodology:</b>	The 1986 Followup was restricted to 5,677 NHEFS subjects who were 55 years and over at the time of their NHANES I examination (almost 40 percent of the entire cohort). Tracing and data collection in 1986 consisted of a portion of these subjects, known as the 1986 Followup cohort. While the design and data collection in the 1986 Followup were similar to those in the 1982-84 NHEFS, the 2-hour subject interview was conducted in person; in the 1986 NHEFS, each interview averaged 30 minutes and was conducted primarily by telephone. As a result, no physical measurements were made in the 1986 NHEFS.
<b>Sample size:</b>	The 1986 NHEFS Cohort consists of 3,980 subjects age 55 years and older at NHANES I who were not known to be deceased in the 1982-84 NHEFS, regardless of whether they had been successfully traced or interviewed in 1982-84.
<b>Alcohol variables:</b>	Alcohol-related questions are contained in Part C of the questionnaire, and cover quantity and frequency of drinking by beverage type.
<b>Other variables:</b>	To maintain item comparability with NHANES I and the 1982-84 NHEFS, a majority of questions in this NHEFS questionnaire were the same as those used in the previous NHEFS waves. In addition to demographic information, the subject and proxy questionnaires were divided into sections according to the following topic areas: living arrangement and 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.
<b>Limitations:</b>	Data are limited to a subset of subjects in the older age groups. As a result, weighting with available baseline weights is not acceptable, so any analyses will be performed using unweighted data, which affects generalizability to the U.S. population.

<b>Title:</b>	<b>National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS)—1987</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm</a>
<b>Survey design/purpose:</b>	The 1987 NHEFS, the third wave of the NHANES I Epidemiologic Followup study, 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 the 1987 NHEFS were very similar to the ones developed in the previous surveys: subjects were traced; 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 tracing procedures were considered lost-to-followup.
<b>Methodology:</b>	The 1987 NHEFS consisted of the entire non-deceased NHEFS cohort. The interviews were conducted in a similar manner to those in the 1986 NHEFS, with each interview averaging 30 minutes and taking place primarily by telephone. No physical measurements were made in the 1987 NHEFS.
<b>Sample size:</b>	At the end of the 1987 NHEFS data collection period, 11,018 of the 11,750 members of the 1987 NHEFS cohort had been successfully traced. Interviews were conducted for 9,998 subjects of this cohort (response rate 91 percent). 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.
<b>Alcohol variables:</b>	Alcohol-related questions are contained in Part D of the questionnaire, and primarily pertain to quantity and frequency of drinking by beverage type.
<b>Other variables:</b>	To maintain item comparability with NHANES I and the 1982-84 and 1986 NHEFS, a majority of questions in this NHEFS questionnaire were the same as those used in the previous NHEFS waves. In addition to demographic information, the subject and proxy questionnaires were divided into sections according to the following topic areas: living arrangement 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.

**Limitations:** The 1987 NHEFS is a followup of the entire 14,407 subjects that were medically examined in NHANES I. It is valuable in monitoring changes in morbidity and mortality of a nationwide probability sample.

Data from each wave of the NHEFS can be linked to each other and compared to data collected at baseline, however weighting and loss to followup need to be considered in regard to any analyses. Additional information on the NHEFS cohort will be available in future years. Plans are to recontact and reinterview cohort members or their proxies, to collect health care facility data, and to collect death certificate information.

<b>Title:</b>	<b>National Health and Nutrition Examination Survey I Epidemiologic Followup Studies (NHEFS)—1992</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhefs/nhefs.htm</a>
<b>Survey design/purpose:</b>	The 1992 NHEFS, the fourth wave of the NHANES I Epidemiologic Followup study, 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 the 1992 NHEFS were very similar to the ones developed in the 1987 survey: subjects were traced; 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 tracing procedures were considered lost-to-followup.
<b>Methodology:</b>	The 1992 NHEFS consisted of the entire non-deceased NHEFS cohort. The interviews were conducted in a similar manner to those in the 1987 NHEFS, with each interview averaging 30 minutes and taking place primarily by telephone. No physical measurements were made in the 1992 NHEFS.
<b>Sample size:</b>	At the end of the 1992 NHEFS data collection period, 10,079 of the 11,195 members of the 1987 NHEFS cohort had been successfully traced (90 percent). Interviews were conducted for 9,281 subjects of this cohort (response rate 92 percent). 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.
<b>Alcohol variables:</b>	Alcohol-related questions are contained in Part D of the questionnaire, and primarily pertain to quantity and frequency of drinking by beverage type.
<b>Other variables:</b>	To maintain item comparability between NHANES I, the 1982-84, 1986, 1987 NHEFS, and 1992 NHEFS, a majority of questions in the most recent NHEFS questionnaire were the same as those used in the previous NHEFS waves. In addition to demographic information, the subject and proxy questionnaires were divided into sections according to the following topic areas: living arrangement 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.

**Limitations:** The 1992 NHEFS is a followup of the entire 14,407 subjects that were medically examined in NHANES I. It is valuable in monitoring changes in morbidity and mortality of a nationwide probability sample.

Data from each wave of the NHEFS can be linked to each other and compared to data collected at baseline, however weighting and loss to followup need to be considered in regard to any analyses. Additional information on the NHEFS cohort will be available in future years. Plans are to recontract and reinterview cohort members or their proxies, to collect health care facility data, and to collect death certificate information.

<b>Title:</b>	<b>National Health and Nutrition Examination Survey II (NHANES II)—1976-1980</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhanesii/nhanesii.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhanesii/nhanesii.htm</a>
<b>Survey design/purpose:</b>	This data set is composed of 8 specific, yet related elements: a household questionnaire, medical history questionnaire for persons age 6 months to 11 years, medical history questionnaire for persons 12 years to 74 years, two dietary questionnaires, medications and vitamin usage, a dietary supplement interview form, and a behavior questionnaire. The survey was designed to monitor the nutritional status and medical condition of the population.
<b>Methodology:</b>	The design of the survey is such that a stratified, multistage, probability sample of U.S. households was selected. The sample design of NHANES II differs from NHANES I in that different definitions and stratification procedures were used to identify primary sampling units (PSUs). Three subgroups of the population were given special consideration in the area of nutritional assessment. These were: preschool children (6 months-5 years), the aged (60-74 years), and persons whose income was below the poverty level as defined by 1970 census results. The final result was the selection of 64 geographic locations visited by the mobile examination centers during the survey period.
<b>Sample size:</b>	NHANES II sampling plan resulted in a total of 27,803 sample persons and 20,325 examined persons in 64 PSUs throughout the United States.
<b>Alcohol variables:</b>	Frequency of alcohol use in the Dietary 24-Hour Recall and the Dietary Frequency Questionnaire.
<b>Other variables:</b>	In addition to demographic variables of age, sex, and race, other questionnaire topics include: medical history, health history, dietary (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.



<b>Title:</b>	<b>National Health and Nutrition Examination Survey III (NHANES III)—1988-1994</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Division of Health Examination Statistics NCHS/Centers for Disease Control and Prevention 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhanes3/nhanes3.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhanes3/nhanes3.htm</a>
<b>Survey design/purpose:</b>	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. Physical examinations and objective measures are employed because the information collected cannot be furnished or is not available in a standardized manner through interviews with the people themselves or through records maintained by the health professionals who provide their medical care.
<b>Methodology:</b>	The Third National Health and Nutrition Examination Survey (NHANES III), 1988-94, was conducted on a nationwide probability sample of approximately 33,994 persons 2 months and over. The NHANES III consists of five separate files: Adult Household Data, Youth Household Data, Examination Data, Laboratory Data, and Dietary Recall Data. These data files are from the full 6 years of the NHANES III, 1988-94, and contains nearly all the data collected in the survey.
<b>Sample size:</b>	The sample includes data on 33,994 persons. There are 20,050 adult household data records; 29,314 lab data records; 13,994 youth household data records; and 31,311 examination data records.
<b>Alcohol variables:</b>	Frequency of alcohol use in the past month, week, and day and the amount of beer, wine, and liquor typically consumed in a month, day, and week were asked of respondents age 12 and older.
<b>Other variables:</b>	Some of the 30 topics investigated in the NHANES III were: 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, food sufficiency, dietary intake-including data, antioxidants, and nutritional blood measures.
<b>Limitations:</b>	NHANES III is a new set of respondents and thus cannot be linked longitudinally back to earlier NHANES or NHEFS surveys.

<b>Title:</b>	<b>National Health Interview Survey (NHIS), General Description—1957-1995</b>																																																								
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services																																																								
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/nhis/nhis.htm">http://www.cdc.gov/nchswww/about/major/nhis/nhis.htm</a>																																																								
<b>Survey design/purpose:</b>	Since its inception in 1957, the NHIS has been a continuing nationwide sample survey in which data are collected through personal interviews with household members by U.S. Bureau of the Census interviewers. Data are used to provide national estimates on the incidence of acute illness and injuries, 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. The survey is periodically redesigned to emphasize data collection on current health issues. Use of supplements also allow 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.																																																								
<b>Sample characteristics:</b>	The NHIS uses a multistage probability design that permits continuous sampling of the civilian noninstitutionalized population residing in the 50 States and the District of Columbia.																																																								
<b>Sample size:</b>	The sample size varies by component and by year, ranging from approximately 43,000 households including 106,000 persons. Technical characteristics of NHIS data tapes for 1983-1994 are as follows:																																																								
	<table border="0" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"></th> <th colspan="2" style="text-align: center;"><u>Number of Records</u></th> <th style="text-align: left;"></th> </tr> <tr> <th style="text-align: left;"><u>Year</u></th> <th style="text-align: center;"><u>Household</u></th> <th style="text-align: center;"><u>Person</u></th> <th style="text-align: left;"><u>Supplement</u></th> </tr> </thead> <tbody> <tr> <td>1983</td> <td style="text-align: center;">40,912</td> <td style="text-align: center;">105,620</td> <td>Alcohol Section</td> </tr> <tr> <td>1984</td> <td style="text-align: center;">41,471</td> <td style="text-align: center;">105,290</td> <td></td> </tr> <tr> <td>1985</td> <td style="text-align: center;">36,399</td> <td style="text-align: center;">91,531</td> <td>HPDP</td> </tr> <tr> <td>1986</td> <td style="text-align: center;">24,698</td> <td style="text-align: center;">62,052</td> <td></td> </tr> <tr> <td>1987</td> <td style="text-align: center;">49,569</td> <td style="text-align: center;">122,859</td> <td>Epidemiologic Follow-Up</td> </tr> <tr> <td>1988</td> <td style="text-align: center;">50,061</td> <td style="text-align: center;">122,310</td> <td>Alcohol Section</td> </tr> <tr> <td>1989</td> <td style="text-align: center;">48,054</td> <td style="text-align: center;">116,929</td> <td></td> </tr> <tr> <td>1990</td> <td style="text-align: center;">48,680</td> <td style="text-align: center;">119,631</td> <td>HPDP</td> </tr> <tr> <td>1991</td> <td style="text-align: center;">48,853</td> <td style="text-align: center;">120,032</td> <td>Drug and Alcohol Use and HPDP</td> </tr> <tr> <td>1992</td> <td style="text-align: center;">51,643</td> <td style="text-align: center;">128,412</td> <td>YRBS and Epidemiology</td> </tr> <tr> <td>1993</td> <td style="text-align: center;">43,007</td> <td style="text-align: center;">109,671</td> <td>Clinical and Prevention Services</td> </tr> <tr> <td>1994</td> <td style="text-align: center;">45,705</td> <td style="text-align: center;">116,179</td> <td>Disability Followback and Year 2000 Objectives</td> </tr> </tbody> </table>		<u>Number of Records</u>			<u>Year</u>	<u>Household</u>	<u>Person</u>	<u>Supplement</u>	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	Epidemiologic Follow-Up	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 and Epidemiology	1993	43,007	109,671	Clinical and Prevention Services	1994	45,705	116,179	Disability Followback and Year 2000 Objectives
	<u>Number of Records</u>																																																								
<u>Year</u>	<u>Household</u>	<u>Person</u>	<u>Supplement</u>																																																						
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	Epidemiologic Follow-Up																																																						
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 and Epidemiology																																																						
1993	43,007	109,671	Clinical and Prevention Services																																																						
1994	45,705	116,179	Disability Followback and Year 2000 Objectives																																																						
<b>Alcohol variables:</b>	Alcohol variables are available in several special supplementary surveys, described in the following pages.																																																								

- Other variables:** For each sample person there are five files in the core questionnaire: health conditions, doctor visits, hospital stays, household characteristics, and person characteristics.
- Limitations:** The sample is limited to noninstitutionalized persons living in a household, which might exclude a substantial number of persons with serious health problems, especially alcohol abuse. Special variance estimation computer programs(e.g., SESUDAAN, SUDAAN) should be used to adjust for the complex design of the survey.

<b>Title:</b>	<b>National Health Interview Survey (NHIS), Disability Supplements and Year 2000 Objectives—1994-1995</b>
<b>Sponsoring agency:</b>	National Institute on Drug Abuse and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/nhis_dis/nhis_dis.htm">http://www.cdc.gov/nchswww/about/major/nhis_dis/nhis_dis.htm</a>
<b>Survey design/purpose:</b>	This NHIS includes data on health conditions, current health status, and disabilities. The 1991 parameters were used for 1994 data collection. The Disability survey used varying definitions of disability to collect data than can be used to 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.
<b>Sample characteristics:</b>	The followback surveys were conducted based on responses to the NHIS interviews. These included disability followback for four groups (<18 years, 18+ years, 18+ with a history of polio, and elderly person without disability, aged 69+ years). Each survey was conducted in 2 phases: Phase I data were organized into 2 files: a person file and a condition file. Responses to Phase I questions, along with other NHIS data on activity limitations determined eligibility for Phase II.
<b>Sample size:</b>	There were 19,738 respondents to the Year 2000 Objectives Supplement.
<b>Alcohol variables:</b>	<p>Disability Supplement, Part E, Mental Health:</p> <ul style="list-style-type: none"> <li>• During the past 12 months, did respondent have an alcohol abuse disorder?</li> </ul> <p>Year 2000 Objectives Supplement, Part E, Clinical Preventive Services:</p> <ul style="list-style-type: none"> <li>• During your last check-up, were you asked about how much and how often you drink alcohol?</li> </ul> <p>Disability Followback, Child Questionnaire, Section K, Mental Health asks about substance abuse services in past 12 months.</p> <p>Disability Followback, Adult Questionnaire, Section M, Health Opinions and Behaviors, and Aging Questionnaire, Section K, Health Opinions and Behaviors:</p> <ul style="list-style-type: none"> <li>• Have you had at least one drink of beer, wine, or liquor in the past year?</li> <li>• During the past year, on the average, on how many days did you drink alcoholic beverages?</li> <li>• On those days when you drank, about how many drinks would you say you had?</li> </ul>

**Other variables:** Major data collection topics included immunization, disability, family resources, Year 2000 objectives, AIDS knowledge and attitudes, and disability followback on children, adults, and aging cohorts.

**Limitations:** The sample is limited to noninstitutionalized individuals living in households which might cause the exclusion of persons with serious alcohol problems who are either in institutions or homeless. Questions on Hispanics were moved again.

---

<b>Title:</b>	<b>National Health Interview Survey (NHIS), 1993 Supplement</b>
<b>Sponsoring agency:</b>	National Institute on Drug Abuse and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm</a>
<b>Survey design/purpose:</b>	This NHIS includes data on health conditions, current health status, and disabilities. The 1993 supplement collected additional data on four special topic areas: immunization, family resources, Year 2000 objectives, and AIDS knowledge and attitudes.
<b>Sample characteristics:</b>	Data were collected in the latter half of the year for all topics except immunization. The sample included adults age 18 and over. Immunization data were collected for the whole year using a sample of one child under age 6 in each family with age-eligible children.
<b>Alcohol variables:</b>	One alcohol question included under the clinical and preventive services section asks whether the respondent was asked during the last medical check-up "How much and how often do you drink alcohol?"
<b>Other variables:</b>	Year 2000 Objectives section includes characteristics of home environment, tobacco use, nutrition, occupational safety and health, heart disease and stroke, health prevention, mental health, oral health, and AIDS knowledge and attitudes.
<b>Limitations:</b>	Drinking status from the 1993 supplement is not comparable to previous NHIS surveys due to questionnaire and measurement changes. The sample is limited to noninstitutionalized individuals living in households which might cause the exclusion of persons with serious alcohol problems who are either in institutions or homeless.

<b>Title:</b>	<b>National Health Interview Survey (NHIS), YRBS and Epidemiology Supplements—1992</b>
<b>Sponsoring agency:</b>	National Institute on Drug Abuse and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm</a>
<b>Survey design/purpose:</b>	This NHIS includes data on health conditions, current health status, and disabilities. The Drug and Alcohol supplement to the 1991 NHIS collected additional data to study relationships between drug use and the various indicators of the NHIS, including health status and health care utilization related to substance use and abuse.
<b>Sample characteristics:</b>	The survey used the NHIS multistage probability design with oversampling of Hispanics. The Youth Risk Behavior Survey (YRBS) studied 12- to 21-year-old youth. Identification of out-of-school youth was achieved by inquiring whether youth were now going to school or on vacation from school.
<b>Sample size:</b>	The YRBS sample included 10,645 respondents, age 12–21. The epidemiology supplement included 12,005 respondents.
<b>Alcohol variables:</b>	<p>Questions in the epidemiology supplement were repeated for beer, wine, and liquor:</p> <ul style="list-style-type: none"> <li>• During the past year or so, how often did you drink _____?</li> <li>• On the days you drank _____, how many (cans/glasses/bottles) did you drink?</li> <li>• Were they small, medium, or large?</li> </ul> <p>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.</p>
<b>Other variables:</b>	<p>The 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.</p> <p>YRBS questions include seat belt 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.</p>
<b>Limitations:</b>	The sample is limited to noninstitutionalized individuals living in households which might cause the exclusion of persons with serious alcohol problems who are either in institutions or homeless. Hispanic questions were moved and are not comparable to 1991 data.

<b>Title:</b>	<b>National Health Interview Survey (NHIS), Drug and Alcohol Use Supplement—1991</b>
<b>Sponsoring agency:</b>	National Institute on Drug Abuse and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm</a>
<b>Survey design/purpose:</b>	This NHIS includes data on health conditions, current health status, and disabilities. The Drug and Alcohol supplement to the 1991 NHIS collected additional data to study relationships between drug use and the various indicators of the NHIS, including health status and health care utilization related to substance use and abuse.
<b>Sample characteristics:</b>	The Drug and Alcohol supplement was a self-administered cross-sectional household interview survey of respondents aged 18-44 years using the NHIS multistage probability design that permits continuous sampling throughout the year.
<b>Sample size:</b>	The sample included 21,174 respondents, age 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).
<b>Alcohol variables:</b>	Questions included lifetime and past 12 month quantity and frequency of use for all beverages combined; largest number of drinks in a single day; and frequency of drinking at maximum level.
<b>Other variables:</b>	Drug questions include use of prescription medicine, sedatives, tranquilizers, pain killers, inhalants, hallucinogens, heroin, marijuana, cocaine, and crack cocaine. Driving under the influence of drugs is included. Demographic and health variables (i.e., health status and limitations, acute and chronic conditions, and health care utilization) from the core NHIS can be linked to variables from the supplement.
<b>Limitations:</b>	Drinking status from the 1991 supplement is not comparable to previous NHIS surveys. The sample is limited to non-institutionalized individuals living in households which might cause the exclusion of persons with serious alcohol problems who are either in institutions or homeless. Non-response was highest among young black males.



<b>Title:</b>	<b>National Health Interview Survey, Health Promotion and Disease Prevention Supplement (NHIS-HPDP)—1985, 1990, and 1991</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm</a>
<b>Survey design/purpose:</b>	The NHIS is a continuing effort to collect data on the health of U.S. residents in the 50 States and the District of Columbia. In addition to the core questionnaire, Health Promotion and Disease Prevention Supplement (HPDP) was used to collect data designed 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.
<b>Sample characteristics:</b>	This general household survey of the civilian noninstitutionalized U.S. population employs 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.
<b>Sample size:</b>	The sample size for the HPDP supplement was 33,630 individuals in 1985, 41,104 individuals in 1990, and 43,732 in 1991.
<b>Alcohol variables:</b>	Detailed information on quantity and frequency of alcohol consumption; number of days consumed 5 or more/9 or more drinks per day; main reason for not drinking; driving when 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.
<b>Other variables:</b>	Sex, age, race, marital status, geographic region, education, income, employment status, 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.
<b>Limitations:</b>	The sample includes only noninstitutionalized individuals living in households which might cause the exclusion of persons with serious alcohol problems who are either in institutions or homeless.

<b>Title:</b>	<b>National Health Interview Survey (NHIS), Alcohol Sections—1983 and 1988</b>
<b>Sponsoring agency:</b>	National Institute on Alcohol Abuse and Alcoholism, and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm</a>
<b>Survey design/purpose:</b>	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.
<b>Sample characteristics:</b>	This NHIS sample randomly selected one person 18 years of age or older in each household to respond to the alcohol section. Blacks were oversampled in 1988.
<b>Sample size:</b>	Alcohol data were collected on 22,418 respondents 1983 and 43,809 respondents in 1988. All respondents were age 18 years or older. Questions in the 1988 Alcohol Supplement were asked of all appropriate respondents regardless of current drinking status.
<b>Alcohol variables:</b>	Detailed information on quantity and frequency of alcohol consumption by beverage type; preferred beverage; number of days consumed 5 or more/9 or more drinks per day; reasons for not drinking/reducing consumption; presence of selected health conditions; self-defined, heavy, moderate and light drinking; social and behavioral consequences of alcohol consumption related to family/recreational, job/work, injury, and health. The 1988 instrument included an extensive checklist of social and behavioral consequences enabling DSM-III-R and ICD-10 definitions of alcohol dependence and alcohol abuse for use in estimating the extent of these diagnoses.
<b>Other variables:</b>	Sex, age, race, marital status, geographic region, education, income, employment status, 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.

**Limitations:** The sample includes only noninstitutionalized individuals living in households which might cause the exclusion of persons with serious alcohol problems who are either in institutions or homeless. New design features introduced in 1985 may limit comparability between 1983 and 1988 alcohol data.

<b>Title:</b>	<b>National Health Interview Survey (NHIS), Epidemiologic Followup Study—1987</b>
<b>Sponsoring agency:</b>	National Cancer Institute and National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhis/nhischt.htm</a>
<b>Survey design/purpose:</b>	This survey has the same core variables as described earlier. In addition, data on various cancer risk factors were collected. Within cancer risk factors, data on self-reported consumption of alcohol were collected.
<b>Sample characteristics:</b>	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.
<b>Sample size:</b>	The 1987 Epidemiologic Study sample was 22,080 individuals 18 years of age or older.
<b>Alcohol variables:</b>	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.
<b>Other variables:</b>	All variables discussed within the core questionnaire are included. Also, acculturation, food frequency consumption items (over 60 food categories, including alcohol), smoking habits, other tobacco use, reproduction and hormone use, family history of cancer, cancer survivorship, occupational exposures, and relationships and social activities were collected.
<b>Limitations:</b>	These data are cross-sectional which limits examination of cause and effect in studying cancer risk factors. Recall is a major concern in dietary questions.

<b>Title:</b>	<b>National Hospital Ambulatory Medical Care Survey (NHAMCS)—1992-1997, annually</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Susan M. Schappert Division of Health Care Statistics 6525 Belcrest Road Hyattsville, MD 20782-2003 (301) 436-7132 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nhamcs/nhamcs.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nhamcs/nhamcs.htm</a>
<b>Survey design/purpose:</b>	The NHAMCS began in late 1991 to fill gaps in information about utilization and provision of ambulatory health care services. Hospital emergency and outpatient visits represent a significant segment of the total ambulatory medical care services. The patient population is known to differ from that in an office care setting (those represented in the NAMCS) in demographic characteristics and health care needs.
<b>Sample characteristics:</b>	The NHAMCS is a national sample of visits to emergency and outpatient departments of noninstitutional general and short-stay hospitals from the SMG Hospital Market Database. The survey uses a 4-stage probability design with samples of geographically defined areas, hospitals within those areas, clinics within hospitals, and patient visits within clinics. Patient record forms are completed for a systematic random sample of patient visits during a randomly assigned 4-week period.
<b>Sample size:</b>	In 1997, there were 94.9 million visits made to hospital emergency departments in the United States. The survey included 22,209 patient record forms from 392 emergency departments in 1997. Outpatient data available for 1996 include 29,095 patient record forms provided by 233 outpatient departments.
<b>Alcohol variables:</b>	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.
<b>Other variables:</b>	Demographic and 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.
<b>Limitations:</b>	The sample unit is randomly assigned department visits and may reflect multiple visits by the same individual. Data on hospital stays and physician office visits are not included in this survey.

<b>Title:</b>	<b>National Hospital Discharge Survey (NHDS)—1970-1996, Annually</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/hdasd/nhds.htm">http://www.cdc.gov/nchswww/about/major/hdasd/nhds.htm</a>
<b>Survey design/purpose:</b>	To estimate the national prevalence of morbidity from all diseases and injuries and from combinations of different diseases and injuries, among discharges from nonfederal, short-stay hospitals with six or more beds and an average length of stay under 30 days.
<b>Sample characteristics:</b>	The survey is a continuous nationwide survey of inpatient utilization of short-stay hospitals. Survey data are extracted from sampled medical records of participating hospitals. The redesigned (as of 1988) NHDS sample includes with certainty all hospitals with 1,000 or more beds or 40,000 or more discharges annually. The remaining sample of hospitals is based on a stratified three-stage design. The first stage consists of selection of 112 primary sampling units (PSUs) that comprise a probability subsample of PSUs used in the 1985-1994 National Health Interview Surveys. The second stage consists of selection of noncertainty hospitals from the sample PSUs. At the third stage, a sample of discharges was selected by a systematic random sampling technique. For 1996, the sample consisted of 525 hospitals. Of these, 18 were found to be ineligible. Of the 507 eligible hospitals, 480 hospitals responded to the survey.
<b>Sample size:</b>	In 1996, there were an estimated 30.5 million discharges of inpatients, excluding newborn infants from non-Federal, short-stay hospitals in the United States.
<b>Alcohol variables:</b>	Diagnostic codes include those for "alcohol-related" morbidity (e.g., alcoholic psychoses, alcohol dependence syndrome, cirrhosis of the liver, and nondependent abuse of alcohol). ICD-9-CM codes are used.
<b>Other variables:</b>	Demographic: Sex, age, race, marital status, and geographic region/division.  Hospital: Ownership type, and number of beds.  Medical: Length of hospital stay, disease/injury diagnoses (up to seven per record), procedures performed (up to four per record), and discharge status (dead or alive).

**Limitations:** The sampling unit is the hospital discharge or episode. An unknown portion of the discharges may reflect multiple hospitalizations of the same patients because there are no patient identifiers and, therefore, estimates of morbidity from this survey do not reflect the prevalence of morbidity in the population under study. Also, the survey does not reflect morbidity in VA hospitals, in hospitals providing long-term care, or among persons not hospitalized. A new sample design was implemented in 1988. Data from earlier time periods are not strictly comparable, and any trend analysis should be done with caution.

<b>Title:</b>	<b>National Household Survey on Drug Abuse (NHSDA)—1971, 1972, 1974-75, 1975-76, 1977, 1979, 1982, 1985, 1988, 1990-1997, Annually</b>
<b>Sponsoring agency:</b>	Substance Abuse & Mental Health Services Administration (SAMHSA), U.S. Department of Health and Human Services
<b>Contact:</b>	Office of Applied Studies SAMHSA 5600 Fishers Lane, Room 16C-06 Rockville, MD 20857 (301) 443-7980 or 443-1038 <a href="http://www.icpsr.umich.edu/SAMHDA/nhsda.html">http://www.icpsr.umich.edu/SAMHDA/nhsda.html</a>
<b>Survey design/purpose:</b>	The primary objectives of the NHSDA are to measure prevalence, consequences and patterns of use; to determine attitudes and risk awareness concerning use of alcohol, tobacco, marijuana and other illicit drugs; and to determine nonmedical use of licit psychoactive drugs among U.S. civilian, non-institutionalized population, 12 years of age and older. Also includes data on use of selected substances in combination. Data were collected through personal interview with auxiliary self-administered answer sheets to maximize the validity of responses to sensitive questions. A new questionnaire design was introduced in 1994 to enhance the clarity of questions, improve the accuracy of responses, and increase the reliability of measurement of drug use across survey years.
<b>Methodology:</b>	The survey is a national probability sample of households in the coterminous United States. The survey target population includes civilian persons living in households, 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. It should be noted that these groups may have drug use patterns different from the household population. Oversampling of groups varies by year. Current smoking status was first used in the selection process in 1993 to oversample smokers 18-34 years old.
<b>Sample size:</b>	Sample sizes vary for the different years—a total of 9,259 persons in 1990, 32,594 persons in 1991, 26,489 persons in 1993, 17,747 persons in 1995 and 24,505 persons in 1997. In all years, the sample includes household members aged 12 and older. Sampling weights are provided to permit estimation of national distributions.
<b>Alcohol variables:</b>	Detailed information on consumption (e.g., age at first use, most recent use, beverage type usually consumed, number of days in past month on which respondent drank, number of drinks on days when respondent drank, number of days had 5 or more drinks, etc.), DSM-III-type items providing indications of alcohol problems, and ever receiving treatment for drinking. Attitudes regarding drug use, drug laws and penalties; beliefs concerning risk of various levels of use; and prevalence of alcohol, tobacco, and other drug use. Also includes data on use of selected drugs in combination; symptoms of dependence; general physical conditions and symptoms; and utilization of substance abuse treatment.



**Other variables:** Demographic: age, sex, race, region of the country, neighborhood type, education, occupation, family income, marital status, and number and ages of children, etc.

**Limitations:** As noted above, this survey excludes persons living in group quarters or institutions and persons who are transient or homeless. Also, alcohol use data cannot be expressed in standard quantity/frequency units suitable for classifying users by level of alcohol consumption.

<b>Title:</b>	<b>National Longitudinal Alcohol Epidemiologic Survey (NLAES)—1992</b>
<b>Sponsoring agency:</b>	National Institute on Alcohol Abuse and Alcoholism (NIAAA), U.S. Department of Health & Human Services. (Fieldwork conducted by the Bureau of the Census)
<b>Contact:</b>	Division of Biometry and Epidemiology NIAAA Suite 514, 6000 Executive Blvd. Bethesda, MD 20892-7003 (301) 443-3306
<b>Survey design/purpose:</b>	NLAES is a multipurpose survey designed to collect longitudinal data on the incidence and prevalence of alcohol abuse and dependence and associated disabilities. Abuse and dependence are defined using DSM-IV criteria. Data collected include detailed measures of alcohol consumption and patterns of use; consequences of alcohol use; other drug use and associated disorders; other psychiatric disorders; other medical problems; detailed income from a variety of different sources for use in assessing the economic impact of alcohol disorders; treatment utilization; and awareness of alcohol warning labels. Data collection began in 1991 for the 1992 wave survey. Two follow-up waves are planned.
<b>Methodology:</b>	A multistage stratified sample design was used with a target population of civilian, noninstitutional adults, 18 years and older, in the 48 contiguous states and the District of Columbia. Military personnel living off base were included. Sample design uses National Health Interview Survey methodology, including oversampling criteria, and may be stratified within four geographic regions (NE, MW, S, W). Direct face-to-face interviews were conducted by the Bureau of the Census. The household response rate was 91.9 percent.
<b>Sample size:</b>	The 1992 survey collected data from 42,862 adults aged 18 years and older from a random sample of households in the U.S. Approximately 2,000 stratified primary sampling units were included for the 1992 sample. Blacks and young adults are over sampled.
<b>Alcohol variables:</b>	Alcohol variables include use of alcohol and other drugs (illicit and prescription), specific abuse and dependence, family history of alcoholism, alcohol-related medical conditions, and treatment utilization.
<b>Other variables:</b>	Drug information is similar to alcohol variables. Socioeconomic data includes age, race, marital status, industry and occupation, and income.
<b>Limitations:</b>	The complex sample design requires the use of SUDAAN or other special software to account for design effects in variance calculation. The use of the NLAES to examine incidence of alcohol use and associated disorders depends upon completion of followup waves of data collection, which have not yet been funded.

<b>Title:</b>	<b>National Longitudinal Study on Adolescent Health—Wave I (1994) and Wave II (1995)</b>
<b>Sponsoring agency:</b>	National Institute of Child Health and Human Development and 17 other Federal Agencies
<b>Contact:</b>	J. Richard Udry Carolina Population Center 123 West Franklin Street, University Square University of North Carolina at Chapel Hill Chapel Hill, NC 27516-3997 (919) 966-2157 <a href="http://www.cpc.unc.edu/addhealth">http://www.cpc.unc.edu/addhealth</a>
<b>Survey design/purpose:</b>	The survey was designed to examine health-related behavior of adolescents in grades 7 through 12. The focus of the survey is on examining causes of behavior and the influence of social context. Three stages of data collection were conducted. Wave I and II have been publicly released.
<b>Methodology:</b>	In the in-school phase (Fall 1994), questionnaires were administered to students in high schools and 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 oversamples of students. A separate interview was conducted with a parent of each adolescent in Wave I. Information about community and neighborhood characteristics was independently compiled and linked to the individual data. The in-home sample design includes a genetic sample, a saturation sample of all adolescents attending selected high schools, and oversamples of Chinese, Cuban, and Puerto Rican students, students from high-education black families, and disabled students.
<b>Sample size:</b>	Approximately 90,000 respondents in the first phase; 20,745 in the second phase; and 14,800 in Phase III.
<b>Alcohol variables:</b>	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.
<b>Other variables:</b>	The in-school survey asks questions about risk behaviors, expectations for the future, self-esteem, peer networks, and health status. The in-home survey includes questions on criminal activities and decisionmaking processes.
<b>Limitations:</b>	The survey includes students enrolled in school only. High-risk youth such as drop-outs are not included in the results.

<b>Title:</b>	<b>National Longitudinal Survey of Youth (NLSY)—1979-1997</b>
<b>Sponsoring agency:</b>	U.S. Department of Labor, National Opinion Research Center, and Center for Human Resource Research (CHRR)
<b>Contact:</b>	Center for Human Resource Research Ohio State University 921 Chatham Lane, Suite 200 Columbus, OH 43221 (614) 442-7300 <a href="http://stats.bls.gov/nlshome.htm">http://stats.bls.gov/nlshome.htm</a>
<b>Survey design/purpose:</b>	This annual survey of American youth began in 1979 to help evaluate the expanded employment and training programs for youth legislated by the 1977 amendments to the Comprehensive Employment and Training Act (CETA). It 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 impacting on a young person's labor force attachment (i.e. employment-earnings, transition from school to work, training programs and training in the workplace, family/workplace relationship, geographic mobility, juvenile delinquency, and criminal behavior.
<b>Sample characteristics:</b>	The NLSY is a multistage, stratified area probability sample designed to be representative of the noninstitutionalized civilian segment of American youth aged 14 to 21 as of January 1, 1979. Supplemental samples oversampled civilian Hispanic, black, and economically disadvantaged white youth. Another supplemental sample represented the military population aged 17 to 21. Annual personal interviews are conducted (except in 1987, which was conducted by phone). Followups of these cohorts are conducted yearly. The 1997 data collection included a parent survey and a youth survey.
<b>Sample size:</b>	A total of 12,686 young persons were sampled in 1979. This includes 11,406 civilian and 1,280 military youth. Hispanic, economically disadvantaged, and youth in the military were oversampled. Both military and economically disadvantaged oversamples have been discontinued. The 1997 survey included approximately 10,000 respondents who were ages 12–16 on December 31, 1996.
<b>Alcohol variables:</b>	Alcohol items have been asked in the 1982-85, 1988-90, 1992 and 1994 surveys. These items include development of drinking patterns, consumption of various alcoholic beverages, impact of alcohol use on school work and/or job behavior, frequency of going to bars, and trying to cut down on drinking. The 1988 survey included questions on relatives of the respondent who have been alcoholics or problem drinkers.

<b>Other variables:</b>	Demographic variables and variables concerning marital history, schooling, current labor force status, jobs and employer information, training, work experience and attitudes, military service, health limitations, fertility, income and assets, job search methods, migration, attitudes towards work, educational and occupational aspirations and expectations, self-esteem, child care, pre- and post-natal health behaviors, delinquency, time use, AIDS knowledge, and drug use.
<b>Limitations:</b>	Adjustments must be made for those lost to followup (i.e., out of scope, institutionalized, dead, outside of U.S.).

<b>Title:</b>	<b>National Maternal and Infant Health Survey (NMIHS)—1988 and Longitudinal Followup of NMIHS—1991</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/nmihs/abnmihs.htm">http://www.cdc.gov/nchswww/about/major/nmihs/abnmihs.htm</a>
<b>Survey design/purpose:</b>	The 1988 NMIHS is a mailed followback survey of mothers, their prenatal care providers, and their hospital of delivery identified from certificates of live birth, reports of fetal death and certificates of infant death that occurred in 1988. The main purpose of this survey is to study factors related to poor pregnancy outcomes. Prenatal care is a major focus of the survey. The Longitudinal Followup involved recontacting mothers and the child's medical care providers of the children from the live birth cohort who reach two years of age.
<b>Sample characteristics:</b>	A nationally representative sample of live births, fetal deaths and infant deaths in the United States during 1988.
<b>Sample size:</b>	The sample consisted of married and unmarried mothers who had 9,953 live births, 3,309 women who had a late fetal death, and 5,332 women who had an infant death in 1988. The longitudinal followup includes data from 9,400 mothers in the live birth cohort, 1,000 women in the infant death cohort, and 1,000 women in the fetal death cohort.
<b>Alcohol variables:</b>	Alcohol variables include alcoholic beverage consumption during 12 months before delivery, frequency and amount consumed before and during pregnancy, change and reasons for change of drinking patterns during pregnancy, and offers/referrals to alcohol abuse programs or counseling.
<b>Other variables:</b>	Demographic characteristics, smoking (including passive smoking), marijuana use, prenatal and postnatal care, WIC use patterns, charges for care, maternal and infant diagnoses and procedures, and infant hospitalization.
<b>Limitations:</b>	Recall bias might have occurred in assessing exposure status especially in the case of alcohol and substance abuse. Blacks, low birthweight, and very low birthweight infants were oversampled.

<b>Title:</b>	<b>National Natality Survey (NNS)—1980</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500
<b>Survey design/purpose:</b>	The 1980 NNS is a mailed followback survey of mothers, hospitals and other medical sources identified on birth certificates in 1980. Information is abstracted from birth certificates, questionnaires mailed to married mothers only, and questionnaires mailed to medical service providers as appropriate (attendants at delivery, hospitals, radiologic services)
<b>Sample characteristics:</b>	A nationwide sample of all live births which occurred during 1980 in the United States with oversampling of low birthweight infants.
<b>Sample size:</b>	It is a sample of 9,941 live births.
<b>Alcohol variables:</b>	The variables that describe alcohol consumption during pregnancy are limited to the 4,405 married mothers who completed the mailed questionnaire. These are: alcoholic beverage consumption during 12 months before delivery, quantity and frequency before pregnancy and during pregnancy, as well as the kinds of alcoholic beverages consumed.
<b>Other variables:</b>	Demographics, health status, health practices, health resource utilization, and infant status variables. Also, included are pregnancy outcome variables such as birthweight, Apgar score, and complications. Data on smoking during the prenatal periods is limited to married mothers who completed the questionnaire.
<b>Limitations:</b>	Levels of reported alcohol consumption are low, thus limiting possibilities for analysis of moderate and heavy drinkers.

<b>Title:</b>	<b>National Mortality Followback Survey (NMFS) —1986 and 1993</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/about/major/nmfs/nmfs.htm">http://www.cdc.gov/nchswww/about/major/nmfs/nmfs.htm</a>
<b>Survey design/purpose:</b>	The main objectives are to: (1) determine socioeconomic differentials in mortality, (2) examine potential for prevention of premature death by studying the association between risk factors and cause of death, (3) ascertain information on health care utilization in the last year of life, and (4) estimate the reliability of death certificate information. The survey gathers information from next of kin and administrative records to supplement death certificate data on a sample of annual U.S. resident deaths.
<b>Sample characteristics:</b>	The NMFS is national sample of approximately 1 percent of U.S. resident deaths. Information was obtained by mail questionnaire, telephone or personal interview of the next-of-kin of the decedent or others familiar with the decedent's lifestyle, care in the last year of life, and the antecedents of and circumstances surrounding the death. A facility survey was also compiled if the informant authorized contact with the facility.
<b>Sample size:</b>	The 1986 sample included 18,733 decedents aged 25 years or over. Approximately 23,000 decedents, aged 15 years and over, were sampled in 1993. Blacks, selected causes of death among certain age groups (e.g., alcohol, suicide, homicide, motor vehicle, other injury deaths, and HIV), as well as centenarians were oversampled. Forty-nine states plus the District of Columbia and New York City granted approval to sample death certificates. South Dakota did not participate.
<b>Alcohol variables:</b>	Alcohol questions include information on frequency and quantity of drinking in the year before death and in earlier years. ICD-9 cause of death codes are available, allowing for examination of deaths determined to be alcohol-related according to cause. Questions on drinking and driving are included.
<b>Other variables:</b>	Demographic: age, sex, race, education, and marital status. Variables describing smoking history also are included.
<b>Limitations:</b>	All information other than from the death certificate and hospital records is reported by a proxy respondent.



<b>Title:</b>	<b>National Survey of Personal Health Practices and Consequences, Wave I—1979 and Wave II—1980</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services (DHHS)
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/nsphpc/nsphpc.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/nsphpc/nsphpc.htm</a>
<b>Survey design/purpose:</b>	The survey was designed to measure the extent and distribution in the population of positive health practices and their relation to morbidity and mortality. It was conducted by NCHS as part of information collection for the prevention initiative of DHHS.
<b>Sample characteristics:</b>	The survey used a national probability sample using random-digit dialing techniques. Noninstitutionalized civilian persons, aged 20-64 years in the conterminous United States were interviewed in two waves.
<b>Sample size:</b>	Numbers for Waves I and II are listed below. Wave II was a followup to Wave I with 81 percent of the sample surveyed on followup. Wave I (1979) 3,025 Wave II (1980) 2,453
<b>Alcohol variables:</b>	Current drinking and drinking history as follows:  Do you ever drink alcoholic beverages? Did you drink 2 years ago? Have you changed your drinking pattern because of health-related problems or conditions? On the average, how often do you drink? On the days you drink, how many drinks do you have per day, on the average? Have you changed your drinking pattern during the last two years because of a specific health-related problem or condition? Do you drink more or less than you did two years ago?
<b>Other variables:</b>	Data are included on diet and exercise; sleeping; smoking; weight status; dental hygiene; seat belt use; changes in preventive health behavior due to illness; perceived health status and energy level; concern about health and capability of taking care of one's own health; use of preventive health services; use of medical and hospital care; behavior with respect to high blood pressure; disability status; frequency of colds and headaches; limitations on usual activities because of health; family longevity; work status and conditions (i.e., hazards, stress, physical demands, and sick leave); socialization; free time; relations with friends and relatives; psychological well-being; stressful life events; and sociodemographic information.

<b>Title:</b>	<b>National Treatment Improvement Evaluation Study (NTIES)—1990-91</b>
<b>Sponsoring agency:</b>	Substance Abuse and Mental Health Services Administration U.S. Department of Health and Human Services
<b>Contact:</b>	Ron Smith, Ph.D. Program Evaluation Branch Office of Evaluation, Scientific Analysis, and Synthesis Center for Substance Abuse Treatment Rockwall II, 8th Floor 5600 Fishers Lane Rockville, MD 20857 (301) 443-7730 <a href="http://www.icpsr.umich.edu/SAMHDA/other.html">http://www.icpsr.umich.edu/SAMHDA/other.html</a>
<b>Survey design/purpose:</b>	The NTIES was designed to help determine the status of drug treatment in the United States by assessing the impact of treatment program enhancements funded in 1990 and 1991.
<b>Methodology:</b>	All service delivery units (SDU's) that received funding from the Office of Treatment Improvement (now CSAT) during the study period provided information on services, funding, and staffing twice during the field period. The SDU data were collected via paper and pencil. Nearly 6,600 patients were selected from participating SDUs for three interviews: (1) on intake to treatment; (2) on exit from treatment; and (3) one year post-treatment. Selection criteria included treatment modality, OTI Demonstration Program, and geographic distribution. Patient data were collected in CAPI format.
<b>Sample size:</b>	Over 300 programs participated in the facility survey; 4,400 patients from 65 SDU's completed the patient survey.
<b>Alcohol variables:</b>	Alcohol use treatment history, reasons for going to treatment, perceived treatment barriers, drug use, drug spending, and needle use are collected.
<b>Other variables:</b>	Reason(s) for being incarcerated, education, living arrangements, and criminal justice involvement.
<b>Limitations:</b>	Overall results are not generalizable to the entire publicly funded treatment sectors as only OTI grants were studied. This study is not based on a national probability sample of treatment units.

<b>Title:</b>	<b>Services Research Outcomes Study (SROS)—1995-1996</b>
<b>Sponsoring agency:</b>	Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
<b>Contact:</b>	Barbara A. Ray, Ph.D. Office of Applied Studies SAMHSA Parklawn Building, Room 16-105 5600 Fishers Lane Rockville, MD 20857 (301) 443-0747 <a href="http://www.icpsr.umich.edu/SAMHDA/sros.html">http://www.icpsr.umich.edu/SAMHDA/sros.html</a>
<b>Survey design/purpose:</b>	The SROS was a five-year post-discharge follow-up of a sample of 3,047 drug clients who were treated between September 1, 1989 and August 31, 1990. The study was based on a national probability sample of treatment programs and clients. Client behavior was compared in the five years before treatment with the five years after treatment.
<b>Methodology:</b>	The 3,047 patients were selected from the stratified probability sample of 120 treatment programs that participated in Phase II of the Drug Services Research Study (DSRS). Five years after discharge 99 participating programs remained in the SROS. Roughly 5 years after discharge, field interviews were completed with 1,799 (59 percent) of the patient sample. An additional 273 (9 percent) 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.
<b>Sample size:</b>	1,799 patients of the identified 3,047 persons discharged from substance abuse treatment programs were interviewed.
<b>Alcohol variables:</b>	Alcohol use before the 1989-90 treatment episode and five years post-treatment is recorded.
<b>Other variables:</b>	Information on ethnicity, education, child custody history, criminal behavior, employment, general health status and living arrangements are collected on clients. Facility data includes type and cost of treatment services.
<b>Limitations:</b>	Almost one-half of the 1990 sample was unable to respond to the SROS due to death, refusal or inability to locate.

<b>Title:</b>	<b>Treatment Episode Data Set (TEDS)</b>
<b>Sponsoring agency:</b>	Office of Applied Studies, Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services
<b>Contact:</b>	Office of Applied Studies SAMHSA 5600 Fishers Lane Rockville, MD 20857 (301) 443-0525 <a href="http://www.icpsr.umich.edu/SAMHDA/teds.html">http://www.icpsr.umich.edu/SAMHDA/teds.html</a>
<b>Survey design/purpose:</b>	The TEDS is a minimum data set of information about individuals admitted to treatment, primarily by providers receiving public funding. The TEDS data system provides descriptive information about the national flow of admissions to specialty providers of substance abuse treatment annually.
<b>Methodology:</b>	Data on the number and characteristics of persons admitted to 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.
<b>Sample size:</b>	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.
<b>Alcohol variables:</b>	Patient alcohol and drug use history is collected along with clinical and treatment data.
<b>Other variables:</b>	Patient demographics.
<b>Limitations:</b>	Some treatment units may be excluded, including privately funded units and some mental health facilities. Treatment provided in doctors' offices and other settings are also not included.

<b>Title:</b>	<b>Uniform Facility Data Set (UFDS), formerly known as the National Drug and Alcoholism Treatment Unit Survey (NDATUS)—1974, 1979, 1980, 1982, 1984, 1987, 1989-1996, Annually</b>
<b>Sponsoring agency:</b>	SAMHSA, U.S. Department of Health and Human Services
<b>Contact:</b>	Office of Applied Studies SAMHSA 5600 Fishers Lane, Room 16C-06 Rockville, MD 20857 (301) 443-7980 <a href="http://www.samhsa.gov/oas/p0000048.htm">http://www.samhsa.gov/oas/p0000048.htm</a>
<b>Survey design/purpose:</b>	NDATUS is a point prevalence census that monitors the scope of specialty treatment activities in units providing alcohol/drug abuse treatment and/or prevention services. State and Federal governments assist in the identification of facilities and in the collection and verification of the data. Data include unit orientation, types of services offered, capacity and utilization on the point prevalence date of October 30, and funding source and fees charged. In addition to analytic reports, the data are used to develop a comprehensive directory of treatment programs.
<b>Methodology:</b>	This survey is a census in that it attempts to collect data from all known specialty treatment facilities, both public and private, in the United States, identified on the National Facility Register (NFR).
<b>Sample size:</b>	The number of units providing data to NDATUS has varied depending in part on the level of effort of the States and the sponsoring agencies in identifying facilities. Approximately 11,300 providers identified by the NFR participate in NDATUS. A total of 944,000 treatment clients were reported in 1994.
<b>Alcohol variables:</b>	Data are collected in three categories: drug, alcohol, and combined services. This is a survey of facilities rather than patients so alcohol and/or drug questions <i>per se</i> are not asked. Data are collected on aggregate client characteristics, treatment modality, treatment organization, treatment status, and payment source.
<b>Other variables:</b>	Other variables include unit identification—location, type of environment, ownership, types of programs and drug/alcohol services provided, funding levels and sources, fees charged, hours of operation, and treatment capacity and utilization on the point prevalence date of October 30 according to age, race/ethnicity, and sex by type of care by modality.  Information concerning HIV testing and whether (female) client is pregnant have been added.

**Limitations:** Reliability of information on funding varies. Coverage of private, for-profit facilities may be deficient because there is no disincentive for non-response, although participation in the survey means a program will be listed in a national directory. Data collected on the point prevalence date of October 30 may not be representative of the facility for the entire year. Changes in the survey over time limit comparisons prior to 1991.

Note: NDATUS will be continued as the Uniform Facility Data Set (UFDS) of the Drug & Alcohol Services Information System (DASIS). DASIS includes the National Facility Register (NFR) and the Treatment Episode Data Set (TEPS), in addition to the UFDS.

<b>Title:</b>	<b>Vital Statistics Mortality Data, Mortality Detail—1968-96 Multiple Cause of Death—1968-96, Annually</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch, NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/mortmcd/mortmcd.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/mortmcd/mortmcd.htm</a>
<b>Survey design/purpose:</b>	To summarize data (e.g., demographic, cause of death, autopsy, etc.) from death certificates of all deaths occurring each year in the United States. Mortality Detail records only the underlying cause of death, while Multiple Cause (MCD) records the underlying cause and up to 20 contributing causes. Data present characteristics of those dying in the United States and provide mortality trend data comparable with other countries as well as health-related data for small geographic areas in the U.S.
<b>Sample characteristics:</b>	Death certificates of 100 percent of deaths occurring in the United States each year.
<b>Sample size:</b>	This is not a sample, but a total universe of all U.S. deaths. The number of deaths vary from year to year. There have been approximately 2.3 million deaths annually.
<b>Alcohol variables:</b>	There are specific disease categories under the ICD diagnostic codes which are generally believed to be alcohol related (e.g., alcohol psychosis, alcohol dependence syndrome, and liver cirrhosis). These may be listed for specific records as underlying cause of death or as contributing cause of death (MCD only). In addition, research literature shows that other causes of death result from alcohol abuse in different proportions of cases (e.g. suicide, homicide, motor vehicle crashes). Using estimates of alcoholic contribution to various causes of death, estimates of overall alcohol-related mortality can be derived.
<b>Other variables:</b>	Demographic characteristics (sex, age, and race), direct underlying cause of death, contributing cause(s) of death (MCD only), autopsy findings, residence, place of occurrence, date of death, and others.
<b>Limitations:</b>	Although alcohol may be a contributing cause in many deaths, it may not be mentioned on the death certificate because of the stigma of alcoholism and alcohol problems. Also, there is no mechanism for explicit coding of alcohol's contribution to an individual death. Consequently, alcohol-related deaths may be underestimated.

**Section 2:**  
**Special Population Data Sets**





<b>Title:</b>	<b>(Washington) DC Metropolitan Area Drug Study (DC*MADS)—1992</b>
<b>Sponsoring agency:</b>	National Institute on Drug Abuse, National Institutes of Health
<b>Contact:</b>	Elizabeth Y. Lambert, Health Statistician Community Research Branch Division of Epidemiology and Prevention Research National Institute on Drug Abuse 5600 Fishers Lane, Room 9A-42 Rockville, MD 20857 (301) 443-6720 <a href="http://www.icpsr.umich.edu/SAMHDA/dcmads.html">http://www.icpsr.umich.edu/SAMHDA/dcmads.html</a>
<b>Survey design/purpose:</b>	DC*MADS was undertaken to assess the full extent of the drug problem in one metropolitan area. The study was comprised of 16 separate studies that focused on different sub-groups, many of which are typically not included or are underrepresented in household surveys. This data collection includes three component studies: the study of household and non-household populations, the Homeless and Transient Population Study; and Drug Use Among Women Delivery Livebirths in D.C. Hospitals.
<b>Sample characteristics:</b>	The household sample was drawn from the 1991 NHSDA. The non-household sample was drawn from the DC*MADS Institutionalized, Homeless, and Transient population studies of “literally homeless” or “at risk of being homeless” persons in shelters, on the street, or using a soup kitchen. Both populations include age 12 and older. Women giving birth in D.C. hospitals comprised the final survey group.
<b>Alcohol Variables:</b>	Data collection includes alcohol and other drug use among household and non-household populations aged 12 and older. The homeless/transient data include alcohol use, treatment history, and illicit activities. Delivering women reported current use and patterns of use, previous experience with drug use and perceptions of risk and consequences of use.
<b>Other variables:</b>	Demographic information, other drug use, physical and mental health, pregnancy, insurance, employment and finances are also reported. Pregnancy history, and maternal/infant characteristics and outcomes are collected in the Livebirth Study.
<b>Limitations:</b>	Data are based on self-reports. Underreporting, misreporting and distortion by respondents are possible. Estimates apply to one local area and are limited to one (1991-92) data collection period.

**Title:** **Evaluation of the Health Care Financing Administration's Alcoholism Service Demonstration: The Medicare Experience**

**Sponsoring agency:** National Institute on Alcohol Abuse and Alcoholism (NIAAA) and Health Care Financing Administration (HCFA), U.S. Department of Health and Human Services

**Contact:** Division of Biometry and Epidemiology  
NIAAA  
6000 Executive Boulevard, Suite 514  
Rockville, MD 20892  
(301) 443-3306

**Survey design/purpose:** A longitudinal survey of selected States and direct service alcoholism treatment providers to evaluate a demonstration which entailed the waiver of Medicare statutory provisions to permit the reimbursement of alcohol treatment services provided by community-based organizations. These organizations were not financially associated with a hospital and did not include the clinical oversight of a physician.

**Sample characteristics:** The survey involved direct service providers under the administrative monitoring of State Alcoholism Authorities which served as umbrella recipients of grants from HCFA. The demonstration period was from July 1982 to December 1985, with the ending date varying by States. Providers averaged two and one quarter years of active participation in the demonstration.

**Sample size:** Participants included 101 providers from six States. These included:

<u>State</u>	<u>Number of Providers</u>
Michigan	24
New Jersey	23
Oklahoma	17
Illinois	15
New York	14
Connecticut	12

**Alcohol variables:** Data on alcoholism services provided include:  
  
Average reimbursement rate per unit of service among providers  
Volumes and types of services for which claims were reimbursed  
Units of service used per client  
Mix of modalities utilized  
Dollar value of reimbursements made

**Other variables:** Provider data include setting, size, ownership, and staffing. Client data include demographic information and initial diagnosis.

**Limitations:** The data are secondary in nature, primarily gathered for administrative purposes. Detail about services provided, treatments, costs, clients, and providers is therefore limited. Client diagnosis at intake is recorded, but subsequent changes in diagnosis throughout treatment will not be reflected. Data on time of treatment are extracted from bills and do not accurately measure client utilization. Cost data also are affected by this problem.

<b>Title:</b>	<b>Hispanic Health and Nutrition Examination Survey (HHANES)—1982-84</b>
<b>Sponsoring agency:</b>	National Center for Health Statistics (NCHS), U.S. Department of Health and Human Services
<b>Contact:</b>	Data Dissemination Branch NCHS 6525 Belcrest Road Hyattsville, MD 20782 (301) 436-8500 <a href="http://www.cdc.gov/nchswww/products/catalogs/subject/hhanes/hhanes.htm">http://www.cdc.gov/nchswww/products/catalogs/subject/hhanes/hhanes.htm</a>
<b>Survey design/purpose:</b>	The HHANES was the first special population survey to be conducted by NCHS in the HANES series. As part of the HANES series, the purpose of the HHANES was to determine the prevalence of undiagnosed and nonmanifest disease among Hispanic Americans, specifically Mexican Americans, Cuban Americans, and Puerto Ricans.
<b>Methodology:</b>	Data were collected in selected areas of California, Texas, Colorado, New Mexico, and Arizona (Mexican Americans); Dade County, Florida (Cuban Americans); and the New York City area (Puerto Ricans). Household interviews and physical examinations provided data from sample persons on their medical history and specific conditions, including diabetes, hearing, immunization, tuberculosis, vision, kidney diseases, liver diseases, alcohol consumption, drug abuse, depression, diet, body size and composition, coronary heart disease, hypertension, and other nutrition-related conditions. Data were weighted to produce prevalence estimates for the targeted populations.
<b>Sample size:</b>	4,895 Mexican Americans; 1,115 Cuban Americans; and 1,975 Puerto Ricans. When weighted, the sample represents approximately 10 million Hispanic Americans.
<b>Alcohol variables:</b>	Alcohol questions appear in three different sections of the survey: (1) the Adult Sample Person Supplement; (2) Food Frequency; and (3) the 24-Hour Dietary Recall. The Adult Sample Person Supplement is the main alcohol component of the HHANES and consists of over 70 questions on the quantity and frequency of consumption of beer, wine, and spirits; reasons for not drinking; and lifetime drinking patterns. The Food Frequency section asks for the number of times sample persons consumed beer, wine, and liquor in the three months prior to the interview. The 24-Hour Dietary Recall section asks for the amount of alcohol consumed by the sample person in the 24-hours prior to the interview.
<b>Other variables:</b>	Other key variables included in the HHANES are age (12-74 years), sex, income, marital status, education, and information on the presence of various health conditions and the use of drugs other than alcohol.
<b>Limitations:</b>	The number of respondents for the Puerto Rican and, the Cuban American samples fell below original goals. Consequently, there are insufficient cell sizes for some detailed analyses. The HHANES is not a nationally representative survey.

<b>Title:</b>	<b>Japanese/American Survey</b>
<b>Sponsoring agency:</b>	National Institute on Alcohol Abuse and Alcoholism—United States, National Institute on Alcoholism—Japan
<b>Survey design/purpose:</b>	An epidemiological study of Japanese, Americans of Japanese ancestry, and Caucasians living in the United States comparing U.S. and Japanese alcohol consumption patterns, alcohol-related problems, and the attitudes and cultural determinants of alcoholism. This joint study resulted in descriptive baseline analyses of cross-cultural similarities and differences regarding alcohol use, it also tested hypotheses that: (1) Japanese populations that migrated to the United States became acculturated to the alcohol consumption and drinking patterns in the U.S.; and (2) an inverse relationship exists between the “flushing reaction” among Japanese populations and the extent of alcohol consumption and concomitant alcohol-related problems.
<b>Methodology:</b>	The sample included Japanese living in Japan, Japanese Americans in Oahu, Hawaii and Santa Clara County, California and Caucasians living in Santa Clara County. Comparisons were also made to data from the 1984 Household Interview Survey by the Alcohol Research Group in Berkeley, California. The survey plan was to include an equal number of males and females 18 years of age and older. Age was stratified by 5 year intervals, except for those subjects less than 20 years old, and greater than 70 years of age, which were pooled.
<b>Sample size:</b>	Japan: Four areas of Japan were selected as sites for the survey. A total of 1,225 interviews consisting of 579 males and 646 females were completed in December 1984.  United States: <ul style="list-style-type: none"><li>• Oahu, Hawaii: 514 people of Japanese ancestry (271 males, 243 females).</li><li>• Santa Clara County, California: 516 Americans of Japanese ancestry (302 males, 214 females).</li><li>• Santa Clara County, California: 526 Caucasians (199 males, 327 females).</li></ul>
<b>Alcohol variables:</b>	Questions on alcohol behaviors included current alcohol use, ex-drinkers, frequency of alcohol consumption among current drinkers, amount of alcohol consumption, types of beverages consumed, norms of alcohol use, reasons for drinking, reasons for not drinking (or caution about drinking), drinking problems, flushing reaction, cultural beliefs about alcohol use and alcoholism, attitudes about alcoholism and treatment, and attitudes about drinking and drunkenness.
<b>Other variables:</b>	Demographics

<b>Title:</b>	<b>Monitoring the Future Study—1975-97, Annually</b>
<b>Sponsoring agency:</b>	National Institute on Drug Abuse, U.S. Department of Health and Human Services, and Institute for Social Research, University of Michigan
<b>Contact:</b>	Andrea Kopstein, Statistician Division of Epidemiology & Prevention Research NIDA 5600 Fishers Lane, Rm. 9A-53 Rockville, MD 26857 (301) 443-6637 <a href="http://www.isr.umich.edu/src/mtf">http://www.isr.umich.edu/src/mtf</a>
<b>Survey design/purpose:</b>	The major purpose of this survey is the determination of the prevalence of current drug (including alcohol) use and trends in use among young people. Data on high school seniors have been collected since the survey began in 1975 and was expanded to include college students and young adults. Eighth and tenth grade students were added in 1991. The survey also collects information which may help to explain the changes and trends in drug use, (i.e., peer norms regarding drug use, beliefs and attitudes about the dangers of drug use, and perceived availability of drugs) and risk factor identification (i.e., lifestyles and values, social environment and maturational factors).
<b>Methodology:</b>	Each spring, questionnaires are given to 8th, 10th and 12th graders in public and private schools nationwide. The samples are drawn with a multi-stage random sampling procedure from the coterminous United States. The survey is administered with 6 different questionnaires to 6 equal sized subsamples to enable a wide coverage of questions. About one-third of each questionnaire consists of core questions that are included in all 6 versions. Demographic and most of the drug variables are included in these core questions. The follow-up questionnaires to college students and young adults that participated in earlier years of the survey are sent through the mail.
<b>Sample size:</b>	Approximately 50,000 eighth, tenth and twelfth grade students are surveyed each year. In 1996, 18,368 8th-grade students and 15,873 10th-grade students were surveyed; 2,400 members of previous participating graduating classes were surveyed by mail.
<b>Alcohol variables:</b>	Prevalence (e.g., lifetime, past year, and past 30 day use) and trend data for alcohol and other drugs (marijuana, inhalants, hallucinogens, cocaine, heroin, other opiates, stimulants, sedatives, tranquilizers, cigarettes, and steroids). Data are also collected on respondents' attitudes and beliefs regarding alcohol and other drug use, perceived harm, perceived availability and social disapproval variables.
<b>Other variables:</b>	Demographic data include sex, age, region, population density, parental education, and other demographic and social network variables.

**Limitations:** A major limitation of these data is that they do not include information on high school dropouts, but the investigators do not believe that this limitation has a major effect on changes in trends. Since the survey only encompasses the coterminous United States, data on high school seniors in Hawaii and Alaska are not available. Also, race/ethnicity is not recorded.

<b>Title:</b>	<b>National Adolescent Student Health Survey</b>
<b>Sponsoring agency:</b>	American School Health Association, Association for the Advancement of Health Education, Society for Public Health Education, Inc. (A cooperative project of U.S. Department of Health and Human Services, Public Health Service, Office of Disease Prevention and Health Promotion, Centers for Disease Control and Prevention, and the National Institute on Drug Abuse)
<b>Contact:</b>	American School Health Association 7263 State Route 43 POB 708 Kent, OH 44240 (216) 678-1601
<b>Survey design/purpose:</b>	This survey was designed to assess students' health-related knowledge, attitudes, and behaviors in eight areas of critical importance to the health of youth.
<b>Sample characteristics:</b>	A national stratified sample of eighth and tenth graders was selected in 1987, with data gathering completed in early 1988. Sample weights are provided for generating national estimates.
<b>Sample size:</b>	Three data collection instruments (forms) were administered to a total of 11,419 eighth and tenth graders. Each form contained a common set of core questions as well as more detailed topical questions, and was answered by about a third of the respondents. Form 2, which contains an additional alcohol question, was administered to 3,789 respondents.
<b>Alcohol variables:</b>	Core questions, asked in each form, include the following alcohol items: lifetime, past year, and past month consumption of alcohol.  In the Drugs section of Form 2, the following alcohol item was included: past 2 weeks' consumption of 5 or more drinks per occasion.
<b>Other variables:</b>	Demographic variables and variables concerning injury prevention, suicide, AIDS, sexually transmitted disease, violence, tobacco, drug use, nutrition, and consumer skills.
<b>Limitations:</b>	Adjustments must be made for those who were absent on the day the interviews were administered



<b>Title:</b>	<b>National Youth Survey (NYS)</b>
<b>Sponsoring agency:</b>	National Institute of Mental Health
<b>Contact:</b>	James Breiling, Ph.D. Division of Epidemiology and Services Research National Institute of Mental Health 5600 Fishers Lane, Rm 10C-24 Rockville, MD 20857 (301) 443-3728 <a href="http://www.icpsr.umich.edu/SAMHDA/nys.html">http://www.icpsr.umich.edu/SAMHDA/nys.html</a>
<b>Survey design/purpose:</b>	NYS was designed to gain a better understanding of both conventional and deviant types of behavior by youths and involved collecting information from a representative sample of young people in the United States. This longitudinal study of American male and female youth explores variations in the onset, prevalence, incidence, and course of delinquency, substance abuse, criminal behavior, family violence and mental health. Data collected contains seven waves, conducted in 1976, 1977, 1978, 1979, 1980, 1983 and 1987.
<b>Methodology:</b>	The study uses a prospective, longitudinal, multiple cohort design with a nationally representative sample of American males and females ages 11-17 in 1976. Respondents are followed through 1994. Face-to-face, confidential, structured interviews are the primary source of data. Juvenile and adult arrest records are also reported.
<b>Sample size:</b>	The 1976 sample included 1,725 male and female youth. The loss rate for nonparticipants by age, sex, and race was proportional to their representation in the general population.
<b>Alcohol variables:</b>	Personal use of alcohol and other drugs is self-reported. Attitudes toward deviance and delinquent behavior are also recorded.
<b>Other variables:</b>	Sociodemographic and socioeconomic variables are included along with measures of delinquency, sex offending, depression, family violence, parental discipline, community involvement, exposure to delinquent peers, sexual activity, pregnancy, abortion, use of mental health and outpatient services, and neighborhood problems.
<b>Limitations:</b>	Limitations are inherent in self-report interviews. Sizes of subsamples may be too small for strong comparisons.

<b>Title:</b>	<b>Survey of Inmates of Local Jails—1978, 1983, 1989, and 1996</b>
<b>Sponsoring agency:</b>	Bureau of Justice Statistics (BJS), U.S. Department of Justice
<b>Contact:</b>	BJS Clearinghouse Box 6000 Rockville, MD 20850 (800) 732-3277 <a href="http://www.ojp.usdoj.gov/bjs/correct.htm#Programs">http://www.ojp.usdoj.gov/bjs/correct.htm#Programs</a>
<b>Survey design/purpose:</b>	These surveys are conducted by the Bureau of the Census for the Department of Justice. They were designed to obtain information on the characteristics of inmates in local jails. These include personal and family characteristics, past alcohol and drug use, history of physical and sexual abuse, reason for incarceration, length of sentences, and behavioral attributes. The survey is produced every 5 to 6 years.
<b>Sample characteristics:</b>	These are periodic surveys that rely on personal interviews with a nationally representative sample of inmates in local jails using a stratified two-stage selection. There are a few drinking questions, such as alcohol use at the time of offense for which the person was incarcerated. The 1996 sample was selected from 3,328 jails enumerated in the 1883 National Jail Census.
<b>Sample size:</b>	For the 1996 survey approximately 6,133 inmates from 431 local jails were surveyed.
<b>Alcohol variables:</b>	Relationships can be developed in regard to 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.
<b>Other variables:</b>	<i>Demographics:</i> sex, ethnicity, date of birth, marital status, education, language background, and other socioeconomic characteristics. <i>Criminality:</i> criminal history, current offense, sentence length, drug use related to offense, and income history prior to incarceration. <i>Health:</i> drug history, drug treatment in jail, health care in jail, and current health problems.
<b>Limitations:</b>	Information pertaining to the key alcohol-related questions is obtained via self-report. Therefore, this information may underestimate the actual prevalence or use of the actual degree to which the inmate was intoxicated at the time the offense was committed.

<b>Title:</b>	<b>Survey of Inmates of State and Federal Correctional Facilities—1974, 1979, 1986, 1991</b>
<b>Sponsoring agency:</b>	Bureau of Justice Statistics (BJS), U.S. Department of Justice
<b>Contact:</b>	BJS Clearinghouse Box 6000 Rockville, MD 20850 (800) 732-3277 <a href="http://www.ojp.usdoj.gov/bjs/correct.htm#Programs">http://www.ojp.usdoj.gov/bjs/correct.htm#Programs</a>
<b>Survey design/purpose:</b>	The survey provides information on individual characteristics of prison inmates, current offenses and sentences, characteristics of victims, criminal histories, family background, gun possession and use, prior drug and alcohol use and treatment, educational programs and other services provided while in prison, as well as other personal characteristics.
<b>Sample characteristics:</b>	The eligible population for these surveys was inmates incarcerated in states' correctional facilities. The sample for the 1991 survey was selected from 1,239 state prisons using a stratified, two-stage selection divided into male/female facilities, census region and facility type. The survey is conducted every 5 years.
<b>Sample size:</b>	In the 1974 survey, approximately 10,000 inmates were either interviewed or the data were taken from institutional records. For the 1979 survey, the number of inmates surveyed was 11,397. The 1986 survey included 13,711 respondents. A total of 13,986 male and female inmates from 277 prisons and 6,572 inmates in 53 Federal facilities were sampled by personal interview in 1991.
<b>Alcohol variables:</b>	Overall frequency of drinking in the year prior to arrest was surveyed. Responses also included 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.
<b>Other variables:</b>	Age, sex, race/ethnicity, marital status, education, family background, income in year prior to offense, employment in year prior to offense, current offense, number of prior convictions, use of drugs/alcohol, drug related crime, gang membership, use of weapons, and needle sharing.
<b>Limitations:</b>	Some data were not obtained through interview and therefore self-reported items like perception of drunkenness and drinking frequency may be missing. In addition, underreporting of drinking behavior may be present.

<b>Title:</b>	<b>Survey of Youth and Young Adults Drinking, Baton Rouge, Louisiana—1984</b>
<b>Sponsoring agency:</b>	National Institute on Alcohol Abuse and Alcoholism, U.S. Department of Health and Human Services (survey conducted by Research Triangle Institute, POB 12194, Research Triangle Park, NC 27709)
<b>Contact:</b>	Alcohol Epidemiologic Data System (AEDS) CSR, Incorporated 1400 Eye Street, NW, Suite 200 Washington, DC 20005 (202) 842-7600
<b>Survey design/purpose:</b>	The Survey of Youth and Young Adults Drinking is a household survey of a select population consisting of interviews and self-administered questionnaires to obtain information on demographics, drinking patterns, drug use, and other events (accidents, etc.) during the last 12 months, and records of activities for eight days.
<b>Methodology:</b>	This survey is based on a probability sample of teens and young adults between 15 and 28 years of age conducted in Baton Rouge, Louisiana, in 1984.
<b>Sample size:</b>	The data set consists of 904 records (851 completed interviews and 53 partial interviews). Oversampling of blacks, especially black females, was done to overcome low prevalence of drinkers among blacks.
<b>Alcohol variables:</b>	Drinking History:  Age at first drink, age when first began drinking regularly, average number of drinks consumed per day during past 12 months, amount of own money spent for alcoholic beverages in last 30 days, amount of alcoholic beverages kept in the home, access to alcoholic beverages kept in the home, and relatives with serious drinking problems.  Self-Administered Questionnaire:  Reasons for not using alcoholic beverages (for non-drinkers and former drinkers), frequency and quantity of wine, beer and liquor intake per day, and use of marijuana, barbiturates, sedatives, and cocaine during the last 12 months.
<b>Other variables:</b>	Demographic and social network variables.

<b>Title:</b>	<b>Worldwide Surveys of Substance Abuse and Health Behaviors Among Military Personnel—1985, 1988, 1992, 1995 and 1998. Worldwide Surveys of Alcohol and Nonmedical Drug Use Among Military Personnel—1980 and 1982</b>
<b>Sponsoring agency:</b>	U.S. Department of Defense (surveys conducted by Research Triangle Institute)
<b>Contact:</b>	Research Triangle Institute POB 12194 Research Triangle Park, NC 27709 <a href="http://www.rti.org/units/SHSP/projects/98mil1.cfm">http://www.rti.org/units/SHSP/projects/98mil1.cfm</a>
<b>Survey design/purpose:</b>	To measure prevalence of substance use and health behaviors among active-duty military personnel on U. S. military bases worldwide. Trend data are available based on previous surveys. 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 programs and policy.
<b>Sample characteristics:</b>	A random sample of all active duty military personnel in the four US military services (Army, Navy, Air Force and Marines) worldwide is surveyed over a 6-week period. Over 60 military installations worldwide were represented. Data are collected every 2-4 years.
<b>Sample size:</b>	The survey includes approximately 25,000 respondents from the universe of all active duty military personnel.
<b>Alcohol variables:</b>	Drug, alcohol and tobacco consumption are measured using quantity/frequency variables (i.e., past 30 day use). Survey questions also cover negative physical, social and work-related effects of alcohol and drug use as well as beliefs and attitudes about dangers of use. Opinions on military alcohol and drug policy and programs are reported.
<b>Other variables:</b>	Positive health practices, knowledge/attitudes about AIDS, use of tobacco, exercise, diet, gambling and injury prevention and remedies are assessed. Stress, coping styles, and special health issues among military women are also included in the 1998 survey.
<b>Limitations:</b>	Self-reported data may result in underreporting or misreporting.

<b>Title:</b>	<b>Youth Risk Behavior Survey (YRBS)—1990-1997</b> (Note: 1992 YRBS is a supplement to the 1992 NHIS; no data were collected in 1994.)
<b>Sponsoring agency:</b>	Division of Adolescent and School Health, Center for Chronic Disease Control Prevention and Health Promotion, Centers for Disease Control and Prevention (CDC)
<b>Contact:</b>	Laura Kahn Division of Adolescent and School Health Centers for Disease Control and Prevention 4770 Buford Highway, NE, Mail Stop K-33 Atlanta, GA 30341-3724 (770) 488-5330 <a href="http://www.cdc.gov/nccdphp/youthris.htm">http://www.cdc.gov/nccdphp/youthris.htm</a>
<b>Survey design/purpose:</b>	The Youth Risk Behavior Surveillance System (YRBSS) was established by the CDC to monitor the prevalence of youth behaviors that most influence health; to assess whether those behaviors increase, decrease, or remain the same over time; and to provide comparable data among a national sample of youth.
<b>Sample characteristics:</b>	The 1990, 1991, 1993, 1995 and 1997 components were national, school-based samples of 11,000 to 16,000 students in the 9th through 12th grades. The 1992 YRBS was a component of the 1992 National Health Interview Survey, which is a household survey (see NHIS YRBS Supplement, page 26). There are no current plans to repeat the household YRBS. The 1995 YRBS used a three-stage cluster sample design to produce a nationally representative sample of 9th- through 12th-grade students in the United States. An 88-item questionnaire was administered in the classroom.
<b>Sample size:</b>	The 1997 YRBS included a national sample of 16,262 adolescents, from 151 schools in 50 States and the District of Columbia, excluding a majority of Louisiana.
<b>Alcohol variables:</b>	Questions include age at first drink, lifetime and past 30 days frequency of alcohol consumption, and frequency of having 5 or more drinks on one occasion in the past 30 days. Drinking and driving as well as riding with a driver who had been drinking alcohol during the past 30 days were recorded. Use of alcohol on school property in the past 30 days was also reported.
<b>Other variables:</b>	Other variables include age and sex; 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 exercise.

**Limitations:** The school-based surveys may underrepresent certain high-risk youth, such as dropouts. Additionally, data apply only to youth who were in school on the day of survey administration. Results of the household sample in 1992 may not be comparable to the school-based estimates from other years.

## **Section 3:**

# **AEDS Publications and Products**





AEDS produces several 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 in depth coverage of demographic, economic, morbidity and mortality, and population data. Data Reference Manuals are distributed by AEDS as supplies last. They are then sold by the National Technical Information Service. Ordering information for domestic orders is given below. Prices are set by NTIS and are subject to change.

*U.S. Alcohol Epidemiologic Data Reference Manual. Volume 1, Third Edition: U.S. Apparent Consumption of Alcoholic Beverages based on State Sales, Taxation of Receipt Data.* October 1997. NIH Publication No. 97-4263

*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 3, Fourth Edition: County Alcohol Problem Indicators, 1986-1990.* July 1994.

*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 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 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.

*Procedures for Assessing Alcoholism Treatment Needs.* NTIS Order No. PB83-106856

NTIS Publications available from:

National Technical Information Service  
5285 Port Royal Road  
Springfield, VA 22161  
Phone: (703) 487-4650

NIH Publications available from:

NIAAA Publications Distribution Center  
P.O. Box 10686  
Rockville, MD 20849-0586  
<http://www.niaaa.nih.gov>

## AEDS SURVEILLANCE REPORTS

AEDS prepares annual surveillance reports which 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 list below represents the most current report on each topic:

Caces, M.F.; Stinson, F.S.; and Dufour, M.C. *Surveillance Report #44: Trends in Alcohol-related Morbidity Among Short-stay Community Hospital Discharges, United States: 1979-94.* National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 1997.

Yi, H.; Stinson, F.S.; Williams, G.D.; and Bertolucci, D. *Surveillance Report #46: Trends in Alcohol-related Fatal Traffic Crashes, United States: 1977-96*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 1998.

Williams, G.D.; Stinson, F.S.; Sanchez, L.L.; and Dufour, M.C. *Surveillance Report #47: Apparent Per Capita Alcohol Consumption: National, State, and Regional Trends, 1977-96*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 1998.

Saadatmand, F.; Stinson, F.S.; Grant, B.F. and Dufour, M.S. *Surveillance Report #48: Liver Cirrhosis Mortality in the United States, 1970-95*. National Institute on Alcohol Abuse and Alcoholism, Division of Biometry and Epidemiology, Alcohol Epidemiologic Data System, December 1998.

## ADDITIONAL REPORTS

Additional citations of reports produced by AEDS, NIAAA, other Federal agencies, individual researchers and other sources are available through many research libraries via ETOH, NIAAA's online bibliographic database. ETOH is available for free through the NIAAA web site as well as through Ovid Technologies, Incorporated, a subscription search service. The ETOH database contains over 110,000 bibliographic references to literature on all aspects of alcoholism research. Topics covered include psychology, psychiatry, physiology, biochemistry, epidemiology, sociology, animal studies, treatment, prevention, education, accidents and safety, legislation, employment, labor and industry, and public policy. For more information on using ETOH, contact Dianne Welsh at CSR, Incorporated, (202) 842-7600. Additional information on recent NIAAA publications is available on NIAAA's web page at <http://www.niaaa.nih.gov>.

## QUICK FACTS

Quick Facts provides tables of data on alcohol-related topics. Quick Facts tables are text files that can be viewed on screen or saved for later use. The list of topics available in Quick Facts and the number of files on that topic to date are listed below:

- Per capita alcohol consumption, based on alcohol sales data (4)
- Self-reported amounts and patterns of alcohol consumption (16)
- Prevalence of alcohol abuse and alcohol dependence (4)
- Deaths from cirrhosis of the liver (6)
- Alcohol-related fatal traffic crashes (6)
- Alcohol-related short-stay hospital discharges (5)
- Alcohol-related economic data (5)
- Alcohol-related risk behaviors among youth (5)
- Other (3)

Access to Quick Facts via NIAAA's web site is quick and easy. Go to NIAAA's home page at <http://www.niaaa.nih.gov>. Click on the box titled Databases. Scroll down to Quick Facts and click on it. Topics and file names will be highlighted for your selection. Files displayed on your computer screen can be saved using the capabilities of your browsing software. Note: Quick Facts text files are formatted using spaces to line up columns of data. If columns of data do not display or print correctly, adjust the font to courier or another monospace font.

Quick Facts is now maintained exclusively through the NIAAA web site. The old bulletin board system has been retired and is no longer available either by direct modem connection or through Telnet.

For more information on Quick Facts, contact:

Alcohol Epidemiologic Data System (AEDS)  
CSR, Incorporated  
1400 Eye Street, NW, Suite 200  
Washington, DC 20005  
Phone: (202) 842-7600 FAX: (202) 842-0418  
Email: [aedscsr@erols.com](mailto:aedscsr@erols.com)



---

---

## APPENDIX

---

---

### List of Acronyms

<b>AEDS</b>	Alcohol Epidemiologic Data System
<b>ADSS</b>	Alcohol and Drug Services Study
<b>BAC</b>	Blood Alcohol Concentration
<b>BJS</b>	Bureau of Justice Statistics
<b>CDC</b>	Centers for Disease Control
<b>CDS</b>	Crashworthiness Data System
<b>CPS</b>	Child Protective Services
<b>DHEW</b>	Department of Health, Education and Welfare
<b>DHHS</b>	Department of Health and Human Services
<b>DIS</b>	Diagnostic Interview Schedule
<b>DOT</b>	Department of Transportation
<b>DRG</b>	Diagnostic Related Groups
<b>DSM</b>	Diagnostic and Statistical Manual
<b>DSRS</b>	Drug Services Research Survey
<b>DWI</b>	Driving While Intoxicated
<b>FARS</b>	Fatality Analysis Reporting System (formerly Fatal Accident Reporting System)
<b>GES</b>	General Estimates System
<b>HCFA</b>	Health Care Financing Administration
<b>HHANES</b>	Hispanic Health and Nutrition Examination Survey
<b>HPDP</b>	Health Prevention Disease Promotion supplement of NHIS
<b>ICD-9-CM</b>	International Classification of Disease, Ninth Revision, Clinical Modification
<b>MCD</b>	Multiple Cause of Death
<b>MHDPS</b>	Mental Health Demographic Profile System
<b>NAMCS</b>	National Ambulatory Medical Care Survey
<b>NCHS</b>	National Center for Health Statistics
<b>NDATUS</b>	National Drug and Alcoholism Treatment Utilization (or Unit) Survey
<b>NFMS</b>	National Fetal Mortality Survey
<b>NHANES</b>	National Health and Nutrition Examination Survey
<b>NHDS</b>	National Hospital Discharge Survey
<b>NHEFS</b>	National Health and Nutrition Examination Survey I — Epidemiologic Followup Study
<b>NHIS</b>	National Health Interview Survey
<b>NHTSA</b>	National Highway Traffic Safety Administration
<b>NIAAA</b>	National Institute on Alcohol Abuse and Alcoholism
<b>NIDA</b>	National Institute on Drug Abuse
<b>NIH</b>	National Institutes of Health
<b>NIMH</b>	National Institute of Mental Health
<b>NLAES</b>	National Longitudinal Alcohol Epidemiologic Survey
<b>NMIHS</b>	National Maternal and Infant Health Survey
<b>NNS</b>	National Natality Survey
<b>NTIES</b>	National Treatment Improvement Evaluation Study
<b>NTIS</b>	National Technical Information Service
<b>PHS</b>	Public Health Service
<b>PSU</b>	Primary Sampling Unit
<b>QFV</b>	Quantity Frequency Variability
<b>SAMHSA</b>	Substance Abuse and Mental Health Services Administration

## AEDS Publications and Products

---

<b>SMSA</b>	Standard Metropolitan Statistical Area
<b>SROS</b>	Services Research Outcomes Study
<b>TEDS</b>	Treatment Episode Data Set
<b>UFDS</b>	Uniform Facility Data Set
<b>YRBS</b>	Youth Risk Behavior Survey
<b>YRBSS</b>	Youth Risk Behavior Surveillance System