

**2020 NATIONAL SURVEY ON
DRUG USE AND HEALTH
PRESCRIPTION DRUG IMAGES
FOR THE 2020 QUESTIONNAIRE**

Substance Abuse and Mental Health Services Administration
Center for Behavioral Health Statistics and Quality
Rockville, Maryland

January 2020

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Introduction

This document shows the electronic images for prescription drugs that were presented to respondents for the 2020 National Survey on Drug Use and Health (NSDUH). The images in this document are intended to give readers a sense of the types and general appearance of these prescription drugs because the actual electronic version of the NSDUH questionnaire is not available online (see below). These images are included in this document by permission of SFI Medical Publishing of Lawrence, Kansas, the owner of the copyright of the images.

Questions for the 2020 NSDUH used computer-assisted interviewing (CAI), in which questions were administered using a laptop computer. Questions for prescription drugs were self-administered using audio computer-assisted self-interviewing (ACASI). For ACASI, respondents read or listen to the questions on headphones, then enter their answers directly into a NSDUH laptop computer. The full set of written programming specifications for the 2020 NSDUH questionnaire are available at <https://www.samhsa.gov/data/>.

The electronic images in this document were shown to respondents on the laptop computer screen to assist them with recognition and recall of specific prescription drugs that they used in the past 12 months. These images replaced printed pill cards that were presented to respondents prior to 2015. This change facilitated the data collection process because respondents did not need to pause to ask interviewers to hand them a printed pill card for a set of prescription drug questions. Use of electronic images also provided a greater degree of privacy for respondents because interviewers would not know when respondents had reached the questions for prescription drugs. To encourage more complete reporting, images in 2020 included examples of prescription drugs other than pills, such as a picture of morphine in liquid form for injection and pictures of patches for delivering some drugs through the skin.

The following notes apply to this document:

- Because the images in this document are used by permission, the security settings for this document do not allow the images to be downloaded or copied.
- For brevity, the response choices that were presented to respondents on the laptop computer screen during the interview are not shown in this document. The response choices can be seen as part of the full CAI specifications at <https://www.samhsa.gov/data/>. In question PR01, for example, respondents were instructed to choose number 1 if they used Vicodin[®], number 2 if they used Lortab[®], number 3 if they used Norco[®], number 4 if they used Zohydro[®] ER, and number 5 if they used generic hydrocodone in the 12 months prior to the interview date. As indicated by the instructions, respondents could choose more than one drug from the list.
- "Screener" questions are shown for any use of specific prescription drugs in the past 12 months. Respondents who reported use of a specific prescription drug in the past 12 months were asked whether they used that drug "in any way a doctor did not direct you to use it" and were again shown the image for that particular prescription drug.

- The layout on subsequent pages in this document is not intended to match the appearance of the actual questions on the laptop computer screen.
- Although the electronic files of prescription drug images that were used in the CAI questionnaire also were used in this document, the appearance of the images in this document may not exactly match the details of the images in the actual questionnaire for a variety of reasons (e.g., differences in hardware and computer screen settings between readers' computers and those for the NSDUH laptop computers for the questionnaire). Nevertheless, these images provide useful details to readers about the examples of prescription drugs that were presented to respondents (e.g., whether forms of the drugs included tablets or capsules, colors of pills, and examples of forms of these drugs other than pills).
- Some of the images in this document may have been scaled for publication purposes. To aid recall, the actual sizes of pills were shown to respondents on the computer screen during the interview. For forms other than pills (e.g., a vial of liquid morphine for injection), images were not shown to respondents during the interview in their actual sizes.

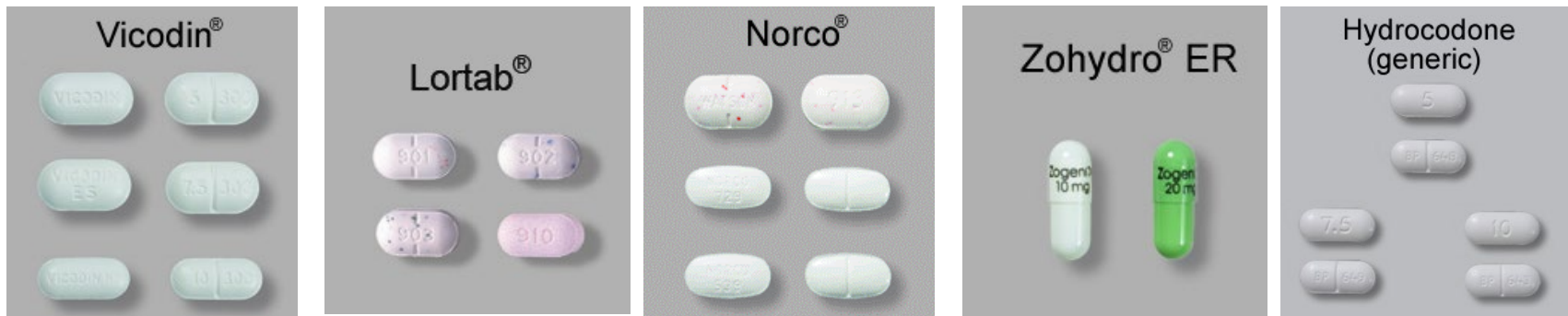
Pain Relievers Screener

INTROPR These next questions are about **any** use of **prescription pain relievers**. Please do **not** include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

To indicate that you have **not** used any of the pain relievers asked about in a question, enter 95.

Press [ENTER] to continue.

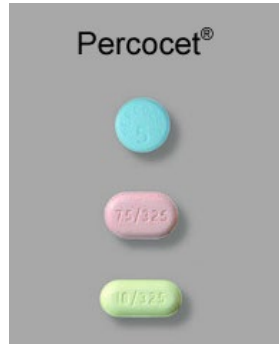
PR01 Please look at the names and pictures of the pain relievers shown below. Please note that some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.



In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

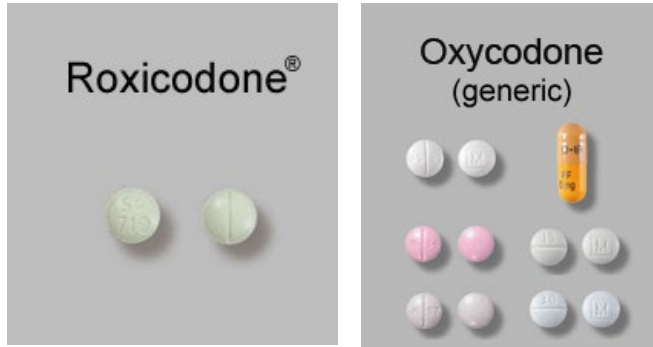
PR02 Please look at the names and pictures of the pain relievers shown below.



In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR03 Please look at the names and pictures of the pain relievers shown below.



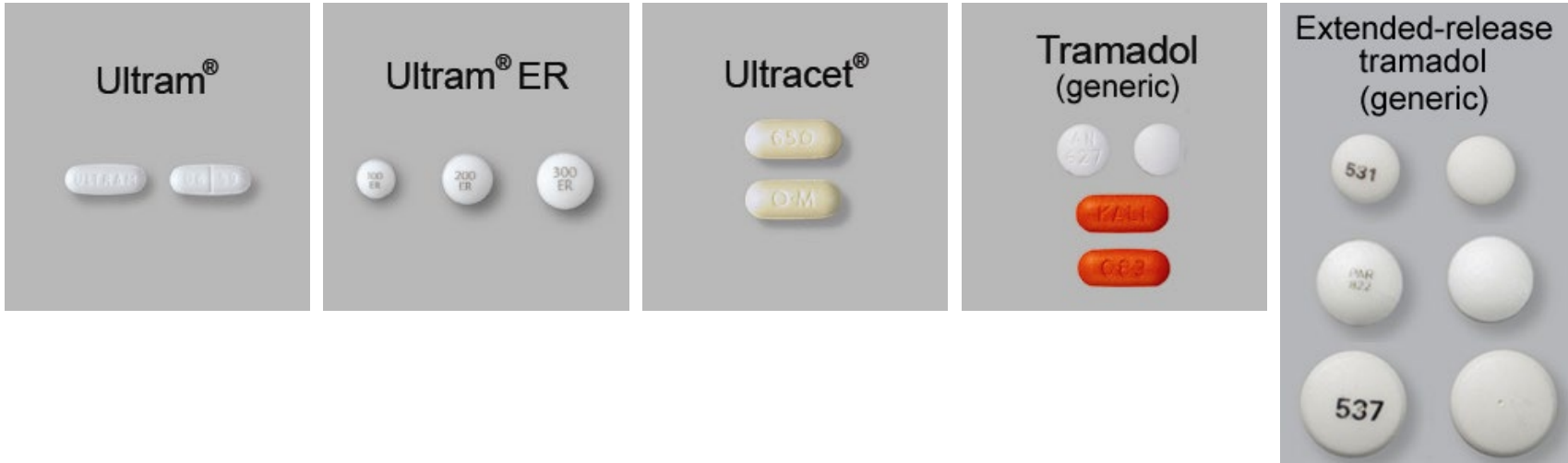
In the **past 12 months**, which, if any, of these pain relievers have you used?

5

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR04

Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

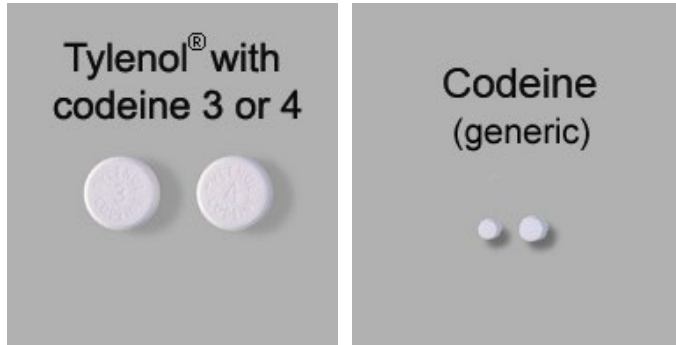


9

In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR05 Please look at the names and pictures of the pain relievers shown below.



In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

NOTE: Beginning in 2016, the response choice for Tylenol® with codeine 3 or 4 read as follows: "Tylenol with codeine 3 or 4 (NOT over-the-counter Tylenol)."

PR06

Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

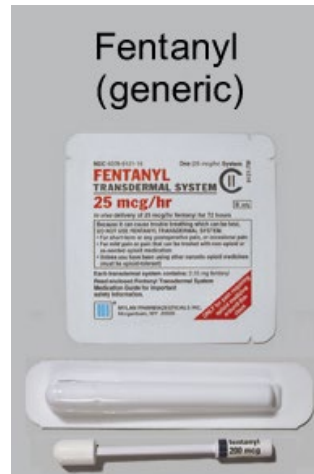
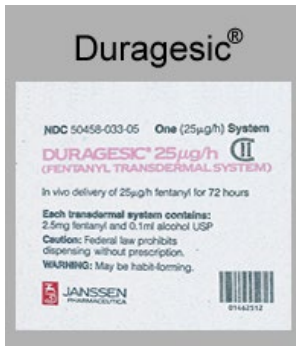


8

In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR07 Please look at the names and pictures of the pain relievers shown below. Remember, some forms of these pain relievers may look different from the pictures, but you should include any form that you have used.

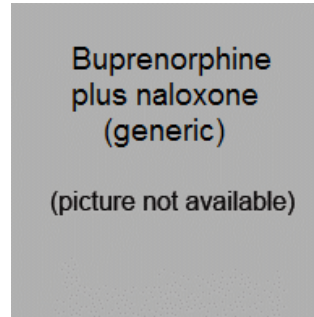
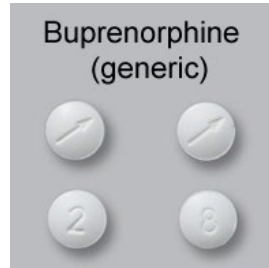


6

In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR08 Please look at the names and pictures of the pain relievers shown below.

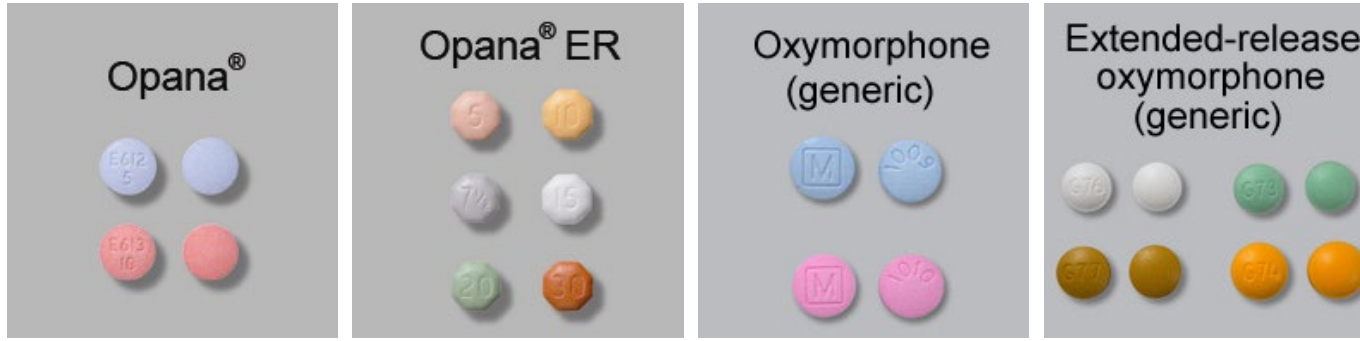


In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR09

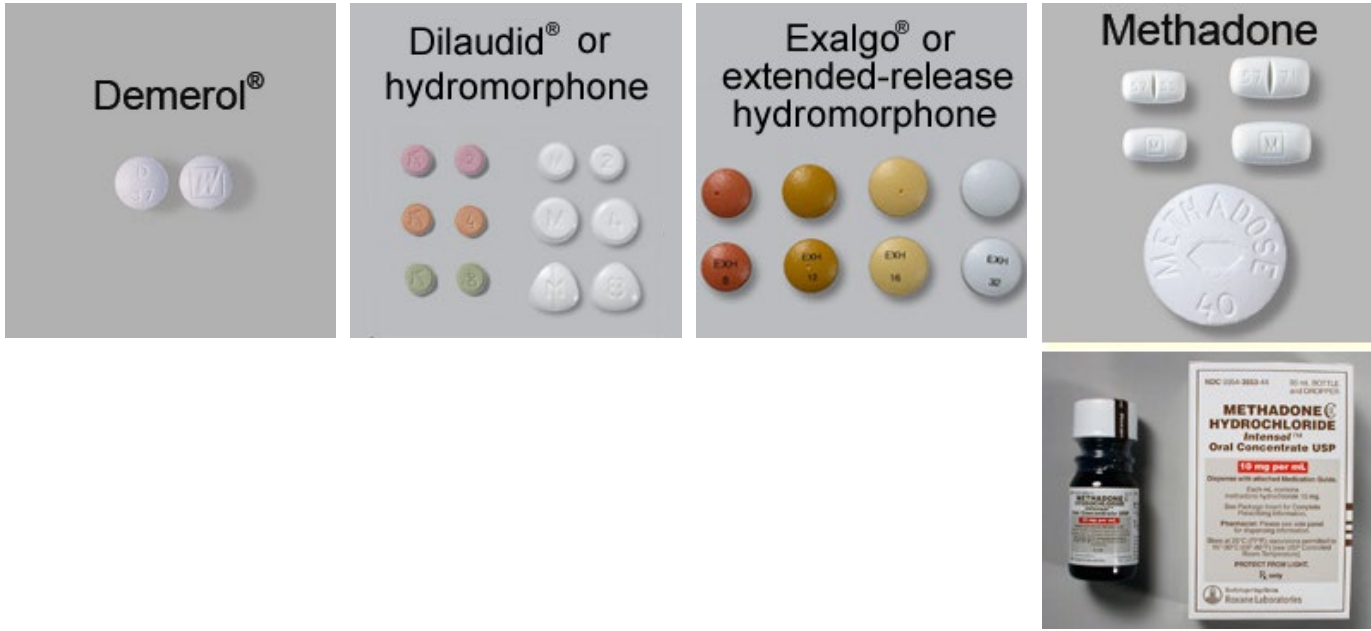
Please look at the names and pictures of the pain relievers shown below.



In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PR10 Please look at the names and pictures of the pain relievers shown below.



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In the **past 12 months**, which, if any, of these pain relievers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

PRANYOTH In the **past 12 months**, have you used any **other** prescription pain reliever?

Remember, do **not** include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

- 1 Yes
- 2 No
- DK/REF

PRLANY [IF PR12MON = 2] Have you **ever**, even once, used **any prescription pain reliever**?

Remember, do **not** include "over-the-counter" pain relievers such as aspirin, Tylenol, Advil, or Aleve.

- 1 Yes
- 2 No
- DK/REF

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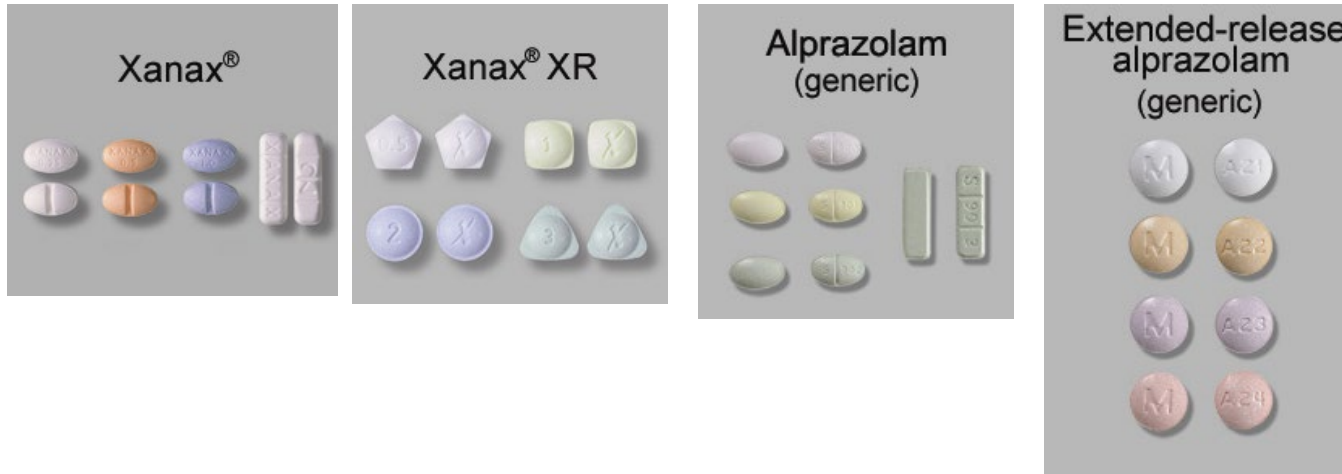
Tranquilizers Screener

INTROTR These next questions are about **any** use of **prescription tranquilizers**. Tranquilizers are usually prescribed to relax people, to calm people down, to relieve anxiety, or to relax muscle spasms. Some people call tranquilizers "nerve pills."

To indicate that you have **not** used any of the tranquilizers asked about in a question, enter 95.

Press [ENTER] to continue.

TR01 Please look at the names and pictures of the tranquilizers shown below. Please note that some forms of these tranquilizers may look different from the pictures, but you should include any form that you have used.



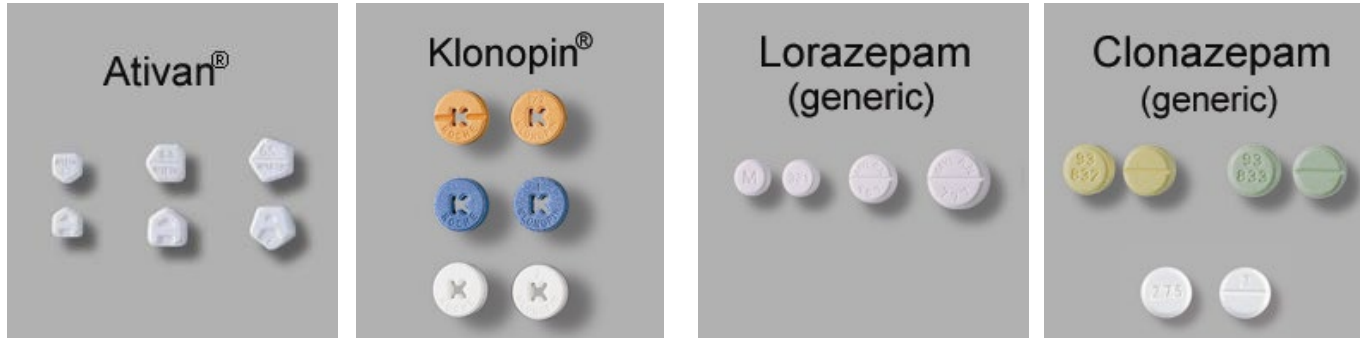
15

In the **past 12 months**, which, if any, of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

TR02

Please look at the names and pictures of the tranquilizers shown below.



In the **past 12 months**, which, if any, of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

TR03

Please look at the names and pictures of the tranquilizers shown below.

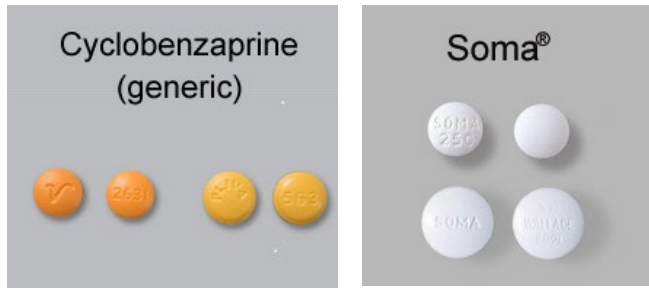


In the **past 12 months**, which, if any, of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

TR04

Please look at the names and pictures of the tranquilizers shown below. Remember, some forms of these tranquilizers may look different from the pictures, but you should include any form that you have used.



In the **past 12 months**, which, if any, of these tranquilizers have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

TRANYOTH In the **past 12 months**, have you used any **other** prescription tranquilizer?

- 1 Yes
- 2 No
- DK/REF

TRLANY [IF TR12MON = 2] Have you **ever**, even once, used **any prescription tranquilizer**?

- 1 Yes
- 2 No
- DK/REF

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Stimulants Screener

INTROST These next questions are about **any** use of **prescription stimulants**. People sometimes take these drugs for attention deficit disorders, to lose weight, or to stay awake. Please do **not** include "over-the-counter" stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

To indicate that you have **not** used any of the stimulants asked about in a question, enter 95.

Press [ENTER] to continue.

ST01 Please look at the names and pictures of the stimulants shown below. Please note that some forms of these stimulants may look different from the pictures, but you should include any form that you have used.



21

In the **past 12 months**, which, if any, of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

ST03 Please look at the names and pictures of the stimulants shown below.

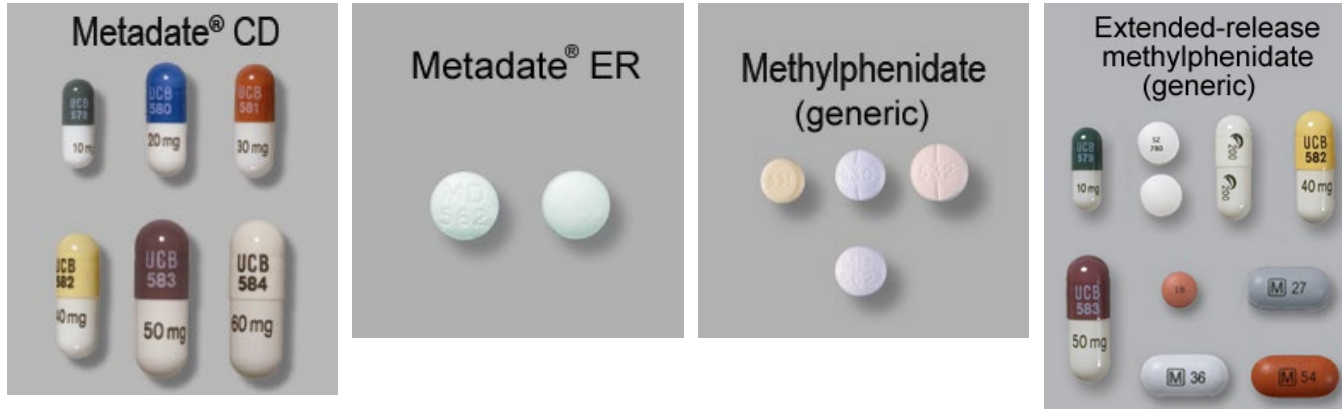


In the **past 12 months**, which, if any, of these stimulants have you used?

23

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

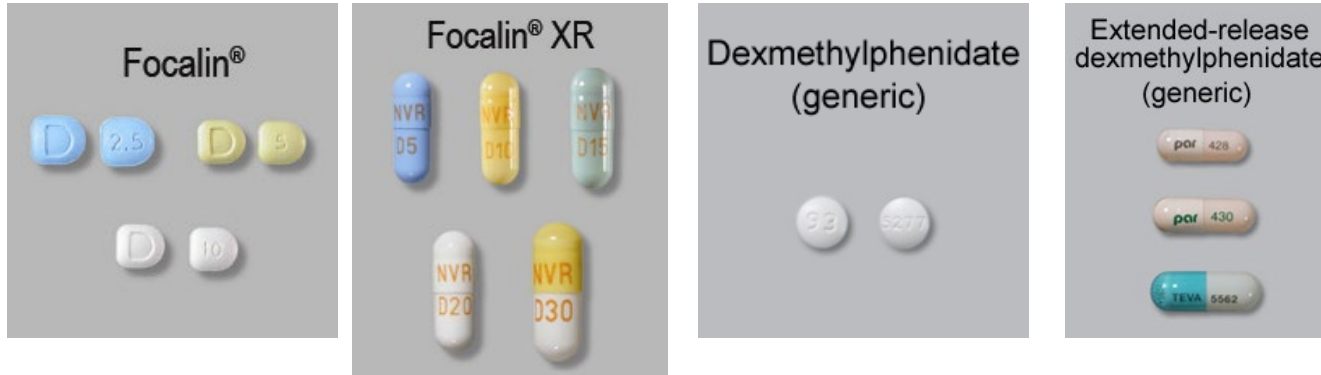
ST04 Please look at the names and pictures of the stimulants shown below.



In the **past 12 months**, which, if any, of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

ST05 Please look at the names and pictures of the stimulants shown below.

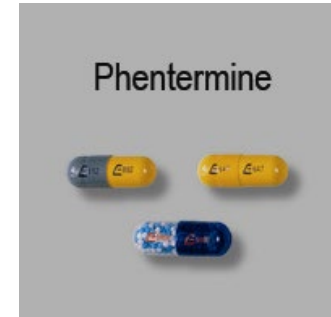
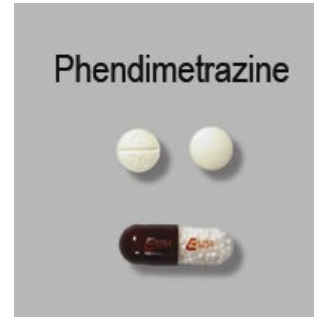
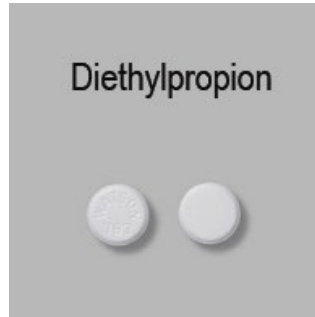


In the **past 12 months**, which, if any, of these stimulants have you used?

25

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

ST06 Please look at the names and pictures of the stimulants shown below.



In the **past 12 months**, which, if any, of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

ST07 Please look at the names and pictures of the stimulants shown below.



In the **past 12 months**, which, if any, of these stimulants have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

STANYOTH In the **past 12 months**, have you used any **other** prescription stimulant?

Remember, do **not** include "over-the-counter" stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

- 1 Yes
- 2 No
- DK/REF

STLANY [IF ST12MON = 2] Have you **ever**, even once, used **any prescription stimulant**?

Remember, do **not** include "over-the-counter" stimulants such as Dexatrim, No-Doz, Hydroxycut, or 5-Hour Energy.

- 1 Yes
- 2 No
- DK/REF

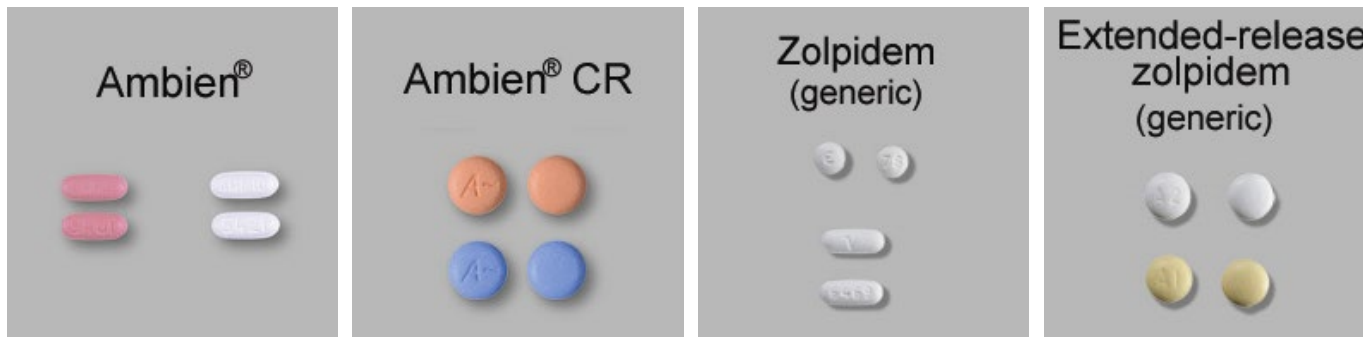
Sedatives Screener

INTROSV These next questions ask about **any** use of **prescription sedatives or barbiturates**. These drugs are also called "downers" or "sleeping pills." People take these drugs to help them relax or help them sleep. Please do **not** include "over-the-counter" sedatives such as Sominex, Unisom, Nytol, or Benadryl.

To indicate that you have **not** used any of the sedatives asked about in a question, enter 95.

Press [ENTER] to continue.

SV01 Please look at the names and pictures of the sedatives shown below. Please note that some forms of these sedatives may look different from the pictures, but you should include any form that you have used.



In the **past 12 months**, which, if any, of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

SV02

Please look at the names and pictures of the sedatives shown below.



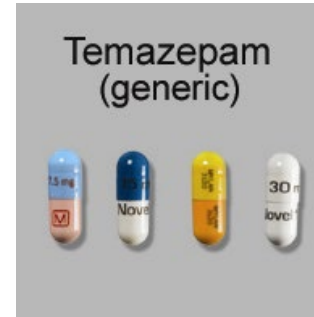
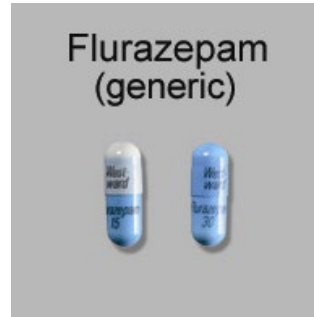
In the **past 12 months**, which, if any, of these sedatives have you used?

30

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

SV03

Please look at the names and pictures of the sedatives shown below.



In the **past 12 months**, which, if any, of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

SV04

Please look at the names and pictures of the sedatives shown below.



In the **past 12 months**, which, if any, of these sedatives have you used?

To select more than one drug from the list, press the space bar between each number you have typed. When you have finished, press [ENTER].

SVANYOTH In the **past 12 months**, have you used any **other** prescription sedative?

Remember, do **not** include "over-the-counter" sedatives such as Sominex, Unisom, Nytol, or Benadryl.

- 1 Yes
- 2 No
- DK/REF

SVLANY [IF SV12MON = 2] Have you **ever**, even once, used **any prescription sedative**?

Remember, do **not** include "over-the-counter" sedatives such as Sominex, Unisom, Nytol, or Benadryl.

- 1 Yes
- 2 No
- DK/REF

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