

National Alcohol Research Center
Thomas K. Greenfield, NAS Core Director
Katherine J. Karriker-Jaffe, NAS Study Director
Grant Number P50 AA005595 (T. K. Greenfield, PI)

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NOTE: Currently Katherine Karriker-Jaffe and Thomas K. Greenfield Co-Direct the National Alcohol Surveys
Contact them at kkarrikerjaffe@arg.org and tgreenfield@arg.org

INDEX OF SURVEY ITEMS

NATIONAL ALCOHOL SURVEY 2015

N13

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ABOUT THE ALCOHOL RESEARCH GROUP

The Alcohol Research Group (ARG) is a multidisciplinary organized research group within the Public Health Institute whose objectives are to conduct research on alcohol use patterns and associated problems, alcohol-related health disparities, formal and informal community responses including treatment and recovery service use, innovative interventions, and policy studies, as well as to disseminate research findings to relevant stakeholders. Our research team includes approximately 15 NIH-funded multidisciplinary scientists and numerous other research personnel including biostatisticians, research associates, information specialists and technologists, and other support staff.

NATIONAL ALCOHOL RESEARCH CENTER: EPIDEMIOLOGY OF ALCOHOL PROBLEMS

The Center at the Alcohol Research Group (ARG) of the Public Health Institute involves psychologists, economists, biostatisticians, epidemiologists and other public health specialists studying the bio-psycho-social determinants of addictive processes involving alcohol and other drugs. For three and a half decades, the Center's research has been supported by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) via Center Grant P50 AA005595, funded through 2015.

The goal of the National Alcohol Research Center is to increase scientific knowledge about mechanisms underlying, and relationships among, well-characterized drinking patterns and numerous highly specific social and health harms. We investigate conditions affecting the life-course of alcohol use disorders such as co-occurring drug use, various individual and subgroup characteristics, and contextual factors such as drinking venue and aspects of surrounding neighborhoods as well as poverty and access to services or mutual help opportunities. The Center addresses emerging topics that are crucial to public health and policy, such as the roles that alcohol and other factors play in racial/ethnic and socio-economic health disparities, injuries and interpersonal violence, and numerous health-related conditions. Our epidemiological studies also aim to discover ways to mitigate harms, improve or develop new interventions and inform alcohol-relevant policy development.

NATIONAL ALCOHOL SURVEY (NAS) SERIES

Between 1979 and 2015, eight five-yearly NASs have been fielded by the Center using commensurate measures of alcohol use patterns and alcohol use disorders, other consequences and alcohol-related service use, together with numerous relevant socio-demographics and other factors associated with these behaviors.

2015 NATIONAL ALCOHOL SURVEY (N13)

The 2015 NAS involved computer-assisted telephone interviews (CAPI) with a representative sample of English- or Spanish-speaking US residents aged 18 or older collected during Fall 2014 and Spring 2015. The NAS used a dual-frame sampling design that with a two-stage stratified, list-assisted, random digit dialing (RDD) samples of adults from landline telephone households and mobile (cell) phone users (an ever-increasing segment of the US population). It included targeted oversamples of Black/African American and Hispanic/Latino respondents drawn from geographic-based strata with at least 40% of either subgroup, with a fractional sample of other, mostly White, respondents from these targeted sampling areas as well.

Up to 15 attempts were made to reach landline households, with up to six attempts to reach cell phone respondents. Calls were made at various times of day and on different days of the week to maximize the likelihood of reaching an eligible respondent. Interviewers ascertained that cell phone users were in a safe situation to talk on the phone (i.e., not driving or in public where privacy would be jeopardized). Respondents received an incentive of either \$10 or \$20 for completing the interview, depending on stratum. The Institutional Review Boards of the Public Health Institute, Oakland, CA and ICF Macro, Inc., Fairfax, VA (the fieldwork agency) approved all study protocols.

The combined cooperation rate (rate of confirmed eligible people completing or partially completing* the survey) was 59.8%, with a more conservative AAPOR COOP4 rate of 43.4% (52.0% cell and 38.7% landline). To assess whether survey completion was associated with past-year drinking status, we divided the landline and cell samples into 50 random groups, and calculated the varying completion rate and drinker rates for each group; a regression analysis showed no significant relationship between completion rate and proportion of drinkers for either cell ($R^2=0.0012$, $p=0.81$) or landline ($R^2=0.0099$, $p=0.49$) samples.

Survey length averaged 46 minutes for complete interviews ($n=5,632$; 1,260 Hispanic and 1,356 non-Hispanic Black completes) and 27 minutes for partially-complete* cases ($n=991$). Complete and partial cases totaled $N=6,623$ (1,524 Hispanic and 1,612 non-Hispanic Black completes and partials). Overall, 40.9% were cell phone cases and 8.4% completed the interview in Spanish.

*Partial cases were defined as those who completed at least the demographics, alcohol consumption, alcohol problems, and alcohol treatment sections—though a number of these completed later sections as well (e.g., 290 of the partials completed the later alcohol's harms to others section).

This document provides an index to items and scales in the 2015 NAS (N13).

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Alcohol Research Group

Public Health Institute

www.arg.org

T: (510) 597-3440

F: (510) 985-6459

E: **info@arg.org**