

Supplementary material for clinical and behavioral correlates in adult methamphetamine users with childhood exposure to household drug and alcohol use

Supplementary Table S.1

Definition of Variables

Variables	Query Wording	Outcomes
Socio-demographic and co-morbidities clinical data		
Sex	Record sex as observed	Male/Female
FAOD +/-	Were you ever aware of adults in your household drinking enough to get drunk, or using drugs or alcohol, by the time you were 13?	Yes FAOD+ No FAOD-
Age (years)	How old are you now?	Years
Level of education (years)	What is the highest grade in school you completed?	Years
Marital status	Are you presently married or are you widowed, separated, divorced, or have you never been married?	Married/widowed/separated/divorced/never married
Number of months employed in the last year	In the past twelve months, how many months have you been employed?	Numbers in months
Nicotine dependence	DSM IV Criteria for Nicotine Dependence	Yes/No
Marijuana dependence	DSM IV Criteria for Marijuana Dependence	Yes/No
Period of heaviest sedative use (code in months)	How long did that period of heaviest sedative use last?	Numbers in months
Period of heaviest gambling (code in months)	How long did that period of heaviest gambling last?	Numbers in months
MDD	DSM IV criteria for major depressive disorder	Yes/No
ASPD	DSM IV criteria for ASPD	
Suicide attempt	Have you ever tried to kill yourself?	Yes/No
Self-harm	Did you ever hurt yourself on purpose, for example, by cutting or burning yourself?	Yes/No
Clinical pattern of methamphetamine and alcohol use		
Alcohol dependence	DSM IV criteria for alcohol dependence	
The largest number of drinks ever had in a 24-hour period	In your lifetime, what is the largest number of drinks you have ever had in a 24-hour period (including all types of alcohol)?	Numbers of drinks
Episodes of lifetime MA use	How many times in your life have you used MA?	Numbers of used MA
Age onset of MA use	How old were you the first time you used MA?	<18 or ≥18 years
MA combined with other substances	Have you ever used MA together with one or more other drugs, including alcohol?	Yes/No
MA intoxicated all day experience	Have you ever stayed high from MA for a whole day or more?	Yes/No
MA injection	Have you ever injected MA?	Yes/No
Paranoid experience	Have you ever had a paranoid experience?	Yes/No
Desire to stop MA	Have you often wanted to stop or cut down on MA?	Yes/No
Harm experience from using MA	Have you ever been under the effects of MA when it increased your chances of getting	Yes/No

hurt, for instance, when driving a car or boat, using knives, machinery, or guns, crossing against traffic, climbing or swimming?

Being arrested by the police due to MA

Have you ever been arrested or had any other trouble with the police because of your MA use?

Yes/No

MA overdose

Did using MA cause you to have any other problems like an overdose?

Yes/No
