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**1: How frequently have you smoked cigarettes during the past 30 days?**

- |                          |                                      |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Not at all                           |
| <input type="checkbox"/> | Less than one cigarette per day      |
| <input type="checkbox"/> | One to five cigarettes per day       |
| <input type="checkbox"/> | About one-half pack per day          |
| <input type="checkbox"/> | About one pack per day               |
| <input type="checkbox"/> | About one and one-half packs per day |
| <input type="checkbox"/> | Two packs or more per day            |
| <input type="checkbox"/> | No Answer                            |

**2: How often have you taken smokeless tobacco during the past 30 days?**

- |                          |                              |
|--------------------------|------------------------------|
| <input type="checkbox"/> | Not at all                   |
| <input type="checkbox"/> | Once or twice                |
| <input type="checkbox"/> | Once to twice per week       |
| <input type="checkbox"/> | Three to five times per week |
| <input type="checkbox"/> | About once a day             |
| <input type="checkbox"/> | More than once a day         |
| <input type="checkbox"/> | No Answer                    |

**3: To be more precise, during the past 30 days, about how many cigarettes have you smoked per day?**

- |                          |                     |
|--------------------------|---------------------|
| <input type="checkbox"/> | None                |
| <input type="checkbox"/> | Less than 1 per day |
| <input type="checkbox"/> | 1 to 2              |
| <input type="checkbox"/> | 3 to 7              |
| <input type="checkbox"/> | 8 to 12             |
| <input type="checkbox"/> | 13 to 17            |
| <input type="checkbox"/> | 18 to 22            |
| <input type="checkbox"/> | 23 to 27            |
| <input type="checkbox"/> | 28 to 32            |
| <input type="checkbox"/> | 33 to 37            |
| <input type="checkbox"/> | 38 or more          |
| <input type="checkbox"/> | No Answer           |

**4: On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than a few sips)? Note: Alcoholic beverages includes beer, wine, wine coolers, and liquor.**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**5: On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**6: On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**7: During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on the average? (If you shared them with other people, count only the amount YOU smoked)**

- |                          |                   |
|--------------------------|-------------------|
| <input type="checkbox"/> | None              |
| <input type="checkbox"/> | Less than 1 a day |
| <input type="checkbox"/> | 1 a day           |
| <input type="checkbox"/> | 2-3 a day         |
| <input type="checkbox"/> | 4-6 a day         |
| <input type="checkbox"/> | 7-10 a day        |
| <input type="checkbox"/> | 11 or more a day  |
| <input type="checkbox"/> | No Answer         |

**8: On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays in order to get high?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**9: On how many occasions (if any) during the last 30 days have you taken LSD ("acid")?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**10: On how many occasions (if any) during the last 30 days have you taken amphetamines (uppers, ups, speed, bennies, dexies, pep pills, meth, or crystal meth) on your own, that is, without a doctor telling you to do so?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**11: On how many occasions (if any) during the last 30 days have you taken "crack" (cocaine in chunk or rock form)?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |

**12: On how many occasions (if any) during the last 30 days have you taken cocaine in any other form (like cocaine powder)?**

- |                          |                 |
|--------------------------|-----------------|
| <input type="checkbox"/> | 0 occasions     |
| <input type="checkbox"/> | 1-2 occasions   |
| <input type="checkbox"/> | 3-5 occasions   |
| <input type="checkbox"/> | 6-9 occasions   |
| <input type="checkbox"/> | 10-19 occasions |
| <input type="checkbox"/> | 20-39 occasions |
| <input type="checkbox"/> | 40 or more      |
| <input type="checkbox"/> | No Answer       |