

RM F

Date: ____/____/200____

Name/Code: _____

Instructions: Mark only one answer for each question. Select the answer that best fits you.

01. How frequently have you smoked cigarettes during the past 30 days?

- ☐ Not at all
- ☐ Less than one cigarette per day
- ☐ One to five cigarettes per day
- ☐ About one-half pack per day
- ☐ About one pack per day
- ☐ About one and one-half packs per day
- ☐ Two packs or more per day

02. How often have you taken smokeless tobacco during the past 30 days?

- ☐ Not at all
- ☐ Once or twice
- ☐ Once to twice per week
- ☐ Three to five times per week
- ☐ About once a day
- ☐ More than once a day

03. 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.

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more

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04. On how many occasions during the past 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?
- ☐ 0 occasions
 - ☐ 1-2 occasions
 - ☐ 3-5 occasions
 - ☐ 6-9 occasions
 - ☐ 10-19 occasions
 - ☐ 20-39 occasions
 - ☐ 40 or more
05. On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?
- ☐ 0 occasions
 - ☐ 1-2 occasions
 - ☐ 3-5 occasions
 - ☐ 6-9 occasions
 - ☐ 10-19 occasions
 - ☐ 20-39 occasions
 - ☐ 40 or more
06. 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?
- ☐ 0 occasions
 - ☐ 1-2 occasions
 - ☐ 3-5 occasions
 - ☐ 6-9 occasions
 - ☐ 10-19 occasions
 - ☐ 20-39 occasions
 - ☐ 40 or more

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07. Not counting alcohol, tobacco, or marijuana, on how many occasions (if any) during the last 30 days have you use another illegal drug?

- ☐ 0 occasions
- ☐ 1-2 occasions
- ☐ 3-5 occasions
- ☐ 6-9 occasions
- ☐ 10-19 occasions
- ☐ 20-39 occasions
- ☐ 40 or more