
AFU01: How old were you the first time you smoked a cigarette, even one or two puffs?

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

AFU02: How old were you the first time you had a drink of any alcoholic beverage? (Do not include sips from another person's drink).

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

AFU03: How old were you the first time you used marijuana or hashish?

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

AFU04: How old were you the first time you used cocaine, in any form?

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

AFU05: How old were you the first time you used heroin?

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

AFU06: How old were you the first time you used LSD, PCP, or any other hallucinogen?

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer

AFU07: How old were you the first time you used any inhalant for kicks or to get high?

<input type="checkbox"/>	5
<input type="checkbox"/>	6
<input type="checkbox"/>	7
<input type="checkbox"/>	8
<input type="checkbox"/>	9
<input type="checkbox"/>	10
<input type="checkbox"/>	11
<input type="checkbox"/>	12
<input type="checkbox"/>	13
<input type="checkbox"/>	14
<input type="checkbox"/>	15
<input type="checkbox"/>	16
<input type="checkbox"/>	17
<input type="checkbox"/>	Never
<input type="checkbox"/>	No Answer