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**Have you ever smoked cigarettes?**

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Never                 |
| <input type="checkbox"/> | Once or twice         |
| <input type="checkbox"/> | Occasionally          |
| <input type="checkbox"/> | Regularly in the past |
| <input type="checkbox"/> | Regularly now         |
| <input type="checkbox"/> | No Answer             |

**Have you ever taken or used smokeless tobacco (chewing tobacco, snuff, plug, dipping tobacco)?**

- |                          |                       |
|--------------------------|-----------------------|
| <input type="checkbox"/> | Never                 |
| <input type="checkbox"/> | Once or Twice         |
| <input type="checkbox"/> | Occasionally          |
| <input type="checkbox"/> | Regularly in the past |
| <input type="checkbox"/> | Regularly now         |
| <input type="checkbox"/> | No Answer             |

**Have you ever had more than just a few sips of beer, wine, wine coolers, or liquor to drink?**

- |                          |           |
|--------------------------|-----------|
| <input type="checkbox"/> | No        |
| <input type="checkbox"/> | Yes       |
| <input type="checkbox"/> | No Answer |

**On how many occasions in your lifetime have you had alcoholic beverages to drink (more than just a few sips)?**

- |                          |                 |
|--------------------------|-----------------|
| <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       |

**On how many occasions in your lifetime (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       |

**On how many occasions in your lifetime (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       |

**On how many occasions in your lifetime (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         |
| <input type="checkbox"/> | 1-2       |
| <input type="checkbox"/> | 3-5       |
| <input type="checkbox"/> | 6-9       |
| <input type="checkbox"/> | 10-19     |
| <input type="checkbox"/> | 20-39     |
| <input type="checkbox"/> | 40+       |
| <input type="checkbox"/> | No Answer |

**On how many occasions (if any) in your lifetime have you taken amphetamines on your own - that is, without a doctor telling you to take them?**

- |                          |                      |
|--------------------------|----------------------|
| <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 occasions |
| <input type="checkbox"/> | No Answer            |

**On how many occasions (if any) in your lifetime have you used "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 occasions |
| <input type="checkbox"/> | No Answer            |

<input type="checkbox"/>	Pre-Test
<input type="checkbox"/>	Post-Test
<input type="checkbox"/>	Follow Up

On how many occasions (if any) in your lifetime 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 occasions
<input type="checkbox"/>	No Answer