

**Ordinarily, how many times each month have you used each of the following drugs in the past year?  
(NOTE: if you only used a drug a few times over this past year, answer '0 times')**

**Alcohol**

- 1. Beer, Wine, Liquor  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 2. Non-Potable Alcohol - Hairspray, Sanitizer, Mouthwash, Aftershave  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

**Stimulants**

- 3. Cocaine, Uppers, Khat  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 4. Methamphetamine - Crystal Meth  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 5. Methamphetamine - Ice/Glass  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 6. Methamphetamine - Speed  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

**Caffeine**

- 7. Coffee, Tea, Soda/Pop, Energy Drinks, Chocolate  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 8. Over the counter Cold Remedies  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 9. Over the counter Weight Loss Aids  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

**Opioids**

- 10. Prescription Suboxone  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 11. Prescription Methadone  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 12. Prescription Oxycontin, Oxycodone, Codeine, Morphine  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 13. Non-Prescription Oxycontin  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 14. Non-Prescription Oxycodone  0 times  1-2 times  3-9 times  10-20 times  more than 20 times
- 15. Non-Prescription Codeine  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

16. Non-Prescription Morphine       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
17. Non-Prescription Heroin       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
18. Diverted Methadone       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
19. Diverted Suboxone       0 times    1-2 times    3-9 times    10-20 times    more than 20 times

**Sedatives, hypnotics, or anxiolytics**

20. Benzodiazepines       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
21. Barbiturates       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
22. Sleeping Medications       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
23. Antianxiety Medications       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
24. Prescribed Sleeping Medications       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
25. Prescribed Antianxiety Medications       0 times    1-2 times    3-9 times    10-20 times    more than 20 times

**Hallucinogens (phencyclidine)**

26. Phencyclidine - PCP, Angel Dust, Ketamine, Cyclohexamine, Disocilpine       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
27. Other - LSD, Mescaline, MDMA/Ecstasy, DOM/STP, DMT, Magic Mushrooms, Morning Glory Seeds, Jimson Weed, Salvia Divinorum       0 times    1-2 times    3-9 times    10-20 times    more than 20 times

**Cannabis**

28. Marijuana/Pot/Weed/Hash       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
29. Shatter       0 times    1-2 times    3-9 times    10-20 times    more than 20 times
30. Prescribed Cannabis       0 times    1-2 times    3-9 times    10-20 times    more than 20 times

31. Prescribed CBD  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

32. Synthetic Cannabis - K2, Spice and others  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

**Inhalants**

33. Glue  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

34. Gas/Fuels, Butane Lighters  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

35. Paint, Paint Thinner, Lacquer  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

36. Propane  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

37. Aerosols  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

38. Other Volatile Compounds  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

**Tobacco**

39. Smoking  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

40. Chewing  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

41. Smokeless Tobacco  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

**Other (or unknown)**

42. Anabolic Steroids, Anti-Inflammatory Drugs, Antihistamines, Nitrous Oxide/Laughing Gas  0 times  1-2 times  3-9 times  10-20 times  more than 20 times

43. Which drug caused you the most problems? (circle one) None, Beer/Wine/Liquor, Non-Potable Alcohol - Hairspray/Sanitizer/Mouthwash/Aftershave, Cocaine/Uppers/Khat, Methamphetamine - Crystal Meth, Methamphetamine - Ice/Glass, Methamphetamine - Speed, Coffee/Tea/Soda/Pop/Energy Drinks/Chocolate, Over the counter Cold Remedies, Over the counter Weight Loss Aids, Prescription Suboxone, Prescription Methadone, Prescription Oxycontin/Oxycodone/Codeine/Morphine, Non-Prescription Oxycontin, Non-Prescription Oxycodone, Non-Prescription Codeine, Non-Prescription Morphine, Non-Prescription Heroin, Diverted Methadone, Diverted Suboxone, Benzodiazepines, Barbiturates, Sleeping Medications, Antianxiety Medications, Prescribed Sleeping Medications, Prescribed Antianxiety Medications, Phencyclidine - PCP/Angel Dust/Ketamine/Cyclohexamine/Disocilpine, Other - LSD/Mescaline/MDMA/Ecstasy/DOM/STP/DMT/Magic Mushrooms/Morning Glory Seeds/Jimson Weed/Salvia Divinorum, Marijuana/Pot/Weed/Hash, Shatter, Prescribed Cannabis, Prescribed CBD, Synthetic Cannabis - K2/Spice/Others, Glue, Gas/Fuels/Butane Lighters, Paint/Paint Thinner/Lacquer, Propane, Aerosols, Other Volatile Compounds, Smoking, Chewing, Smokeless Tobacco, Anabolic Steroids, Anti-Inflammatory Drugs, Antihistamines, Nitrous Oxide/Laughing Gas

44. Which drug do you prefer the most? (circle one)

None, Beer/Wine/Liquor, Non-Potable Alcohol - Hairspray/Sanitizer/Mouthwash/Aftershave, Cocaine/Uppers/Khat, Methamphetamine - Crystal Meth, Methamphetamine - Ice/Glass, Methamphetamine - Speed, Coffee/Tea/Soda/Pop/Energy Drinks/Chocolate, Over the counter Cold Remedies, Over the counter Weight Loss Aids, Prescription Suboxone, Prescription Methadone, Prescription Oxycontin/Oxycodone/Codeine/Morphine, Non-Prescription Oxycontin, Non-Prescription Oxycodone, Non-Prescription Codeine, Non-Prescription Morphine, Non-Prescription Heroin, Diverted Methadone, Diverted Suboxone, Benzodiazepines, Barbiturates, Sleeping Medications, Antianxiety Medications, Prescribed Sleeping Medications, Prescribed Antianxiety Medications, Phencyclidine - PCP/Angel Dust/Ketamine/Cyclohexamine/Disocipline, Other - LSD/Mescaline/MDMA/Ecstasy/DOM/STP/DMT/Magic Mushrooms/Morning Glory Seeds/Jimson Weed/Salvia Divinorum, Marijuana/Pot/Weed/Hash, Shatter, Prescribed Cannabis, Prescribed CBD, Synthetic Cannabis - K2/Spice/Others, Glue, Gas/Fuels/Butane Lighters, Paint/Paint Thinner/Lacquer, Propane, Aerosols, Other Volatile Compounds, Smoking, Chewing, Smokeless Tobacco, Anabolic Steroids, Anti-Inflammatory Drugs, Antihistamines, Nitrous Oxide/Laughing Gas

**Answer ALL of the following questions. Even if a question does not apply exactly, answer according to whether it is MOSTLY YES (TRUE) or MOSTLY NO (FALSE). Answer the questions as they apply to you within the past year and leading up to the present time. If a question does not apply to you, answer NO.**

- |       |  |                       |     |                       |    |
|-------|--|-----------------------|-----|-----------------------|----|
| 45. * | Have you had a craving or very strong desire for alcohol or drugs?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 46. * | Have you had to use more and more drugs or alcohol to get the effect you want?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 47. * | Have you felt that you could not control your alcohol or drug use?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 48. * | Have you felt that you were "hooked" on alcohol or drugs?  | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 49. * | Have you missed out on activities because you spend too much money on drugs or alcohol?                                      | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 50. * | Did you break rules, miss curfew, or break the law because you were high on alcohol or drugs?                                | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 51. * | Did you change rapidly from very happy to very sad or from very sad to very happy because of drugs?                          | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 52. * | Have you had a serious argument or fight with a friend or a family member because of your drinking or drug use?              | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 53. * | Have you had trouble getting along with any of your friends because of alcohol or drug use?                                  | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 54. * | Have you experienced any withdrawal symptoms following use of alcohol or drugs (e.g., headaches, nausea, vomiting, shaking)? | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 55. * | Have you had a problem remembering what you had done while you were under the effects of drugs or alcohol?                   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 56. * | Did you drink large quantities of alcohol when you went to parties?  | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 57. * | Did you have trouble resisting using alcohol or drugs?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 58. * | Have you ever told a lie in your lifetime?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 59. * | Did you argue a lot?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 60. * | Did you yell a lot?  | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 61. * | Were you suspicious of other people?   | <input type="radio"/> | Yes | <input type="radio"/> | No |
| 62. * | Did you have a bad temper?   | <input type="radio"/> | Yes | <input type="radio"/> | No |

63. *	Were you easily upset?	<input type="radio"/>	Yes	<input type="radio"/>	No
64. *	Did you do things a lot without first thinking about the consequences?	<input type="radio"/>	Yes	<input type="radio"/>	No
65. *	Did you generally feel angry?	<input type="radio"/>	Yes	<input type="radio"/>	No
66. *	Were you a loner?	<input type="radio"/>	Yes	<input type="radio"/>	No
67. *	In your lifetime, do you behave better when you are around people you don't know?	<input type="radio"/>	Yes	<input type="radio"/>	No
68. *	Did you either sleep too much or too little?	<input type="radio"/>	Yes	<input type="radio"/>	No
69. *	Have you either lost or gained more than 10 pounds?	<input type="radio"/>	Yes	<input type="radio"/>	No
70. *	Did you have less energy than you think you should have?	<input type="radio"/>	Yes	<input type="radio"/>	No
71. *	Did you have trouble with your breathing or with coughing?	<input type="radio"/>	Yes	<input type="radio"/>	No
72. *	Did you have any concerns about sex or trouble with your sex organs?	<input type="radio"/>	Yes	<input type="radio"/>	No
73. *	In your lifetime, did you ever feel that you wanted to swear?	<input type="radio"/>	Yes	<input type="radio"/>	No
74. *	Did you get frustrated easily?	<input type="radio"/>	Yes	<input type="radio"/>	No
75. *	Did you have trouble concentrating?	<input type="radio"/>	Yes	<input type="radio"/>	No
76. *	Did you feel sad a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
77. *	Have you been nervous?	<input type="radio"/>	Yes	<input type="radio"/>	No
78. *	Did you worry a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
79. *	Did you have trouble getting your mind off things?	<input type="radio"/>	Yes	<input type="radio"/>	No
80. *	Did people stare at you?	<input type="radio"/>	Yes	<input type="radio"/>	No
81. *	Have you ever felt tempted to steal something in your lifetime?	<input type="radio"/>	Yes	<input type="radio"/>	No
82. *	Were you afraid to stand up for your rights?	<input type="radio"/>	Yes	<input type="radio"/>	No
83. *	Were you easily influenced by other people?	<input type="radio"/>	Yes	<input type="radio"/>	No
84. *	Did you have difficulty standing up for your opinions?	<input type="radio"/>	Yes	<input type="radio"/>	No
85. *	Did you have trouble saying "no" to people?	<input type="radio"/>	Yes	<input type="radio"/>	No
86. *	Has your mood ever changed in your lifetime?	<input type="radio"/>	Yes	<input type="radio"/>	No
87. *	Did you have frequent arguments with your children, parents or spouse which involved yelling and screaming?	<input type="radio"/>	Yes	<input type="radio"/>	No
88. *	Did you argue with your parents or your spouse or other family members a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
89. *	Were your parents or your spouse often unaware of where you were and what you were doing?	<input type="radio"/>	Yes	<input type="radio"/>	No
90. *	Did you feel that either your parents or your spouse don't care about you?	<input type="radio"/>	Yes	<input type="radio"/>	No

91. *	Were you unhappy about your living arrangements?	<input type="radio"/>	Yes	<input type="radio"/>	No
92. *	In your lifetime, did you ever get angry?	<input type="radio"/>	Yes	<input type="radio"/>	No
93*	Did you dislike school?	<input type="radio"/>	Yes	<input type="radio"/>	No
94. *	Did you have trouble concentrating in school or when studying?	<input type="radio"/>	Yes	<input type="radio"/>	No
95. *	Were your grades below average?	<input type="radio"/>	Yes	<input type="radio"/>	No
96. *	Did you cut/skip school more than two days a month?	<input type="radio"/>	Yes	<input type="radio"/>	No
97. *	Were you absent from school a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
98. *	Have you thought seriously about quitting school?	<input type="radio"/>	Yes	<input type="radio"/>	No
99. *	Did you often not do your school assignments?	<input type="radio"/>	Yes	<input type="radio"/>	No
100. *	Were you often late for class?	<input type="radio"/>	Yes	<input type="radio"/>	No
101. *	Did you feel irritable and upset when in school?	<input type="radio"/>	Yes	<input type="radio"/>	No
102. *	Were you bored in school?	<input type="radio"/>	Yes	<input type="radio"/>	No
103. *	Were your grades in school worse than they used to be?	<input type="radio"/>	Yes	<input type="radio"/>	No
104. *	Have you failed a grade in school?	<input type="radio"/>	Yes	<input type="radio"/>	No
105. *	Did you feel unwelcome in school clubs or extracurricular activities?	<input type="radio"/>	Yes	<input type="radio"/>	No
106. *	Has your use of alcohol or drugs interfered with your homework or school assignments?	<input type="radio"/>	Yes	<input type="radio"/>	No
107. *	Have you been suspended?	<input type="radio"/>	Yes	<input type="radio"/>	No
108. *	In your lifetime, did you ever put things off that you needed to do?	<input type="radio"/>	Yes	<input type="radio"/>	No
109. *	Have you stopped working at a job because you just didn't care?	<input type="radio"/>	Yes	<input type="radio"/>	No
110. *	Have you made money doing something that was against the law?	<input type="radio"/>	Yes	<input type="radio"/>	No
111. *	Have you used alcohol or drugs while working on a job?	<input type="radio"/>	Yes	<input type="radio"/>	No
112. *	Have you been fired from a job because of drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
113. *	Did you mostly work so that you can get money to buy drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
114. *	In your lifetime, are you more happy if you win than lose a game?	<input type="radio"/>	Yes	<input type="radio"/>	No
115. *	Did any of your friends regularly use alcohol or drugs?	<input type="radio"/>	Yes	<input type="radio"/>	No
116. *	Did any of your friends sell or give drugs away?	<input type="radio"/>	Yes	<input type="radio"/>	No
117. *	Did any of your friends lie a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
118. *	Did your parents or spouse dislike your friends?	<input type="radio"/>	Yes	<input type="radio"/>	No

119. * Have any of your friends been in trouble with the law?	<input type="radio"/>	Yes	<input type="radio"/>	No
120. * Did your friends cut school or work a lot?	<input type="radio"/>	Yes	<input type="radio"/>	No
121. * Did your friends get bored at parties when there was no alcohol served?	<input type="radio"/>	Yes	<input type="radio"/>	No
122. * Have your friends brought drugs to parties?	<input type="radio"/>	Yes	<input type="radio"/>	No
123. * Have your friends stolen anything from a store or damaged property on purpose?	<input type="radio"/>	Yes	<input type="radio"/>	No
124. * Have you ever in your lifetime been talked into doing something you didn't want to do?	<input type="radio"/>	Yes	<input type="radio"/>	No
125. * Did you usually stay out late on nights when you had to go to school or work the next morning?	<input type="radio"/>	Yes	<input type="radio"/>	No
126. * Were you bored most of the time?	<input type="radio"/>	Yes	<input type="radio"/>	No
127. * Compared to most people, were you less involved in hobbies or outside interests?	<input type="radio"/>	Yes	<input type="radio"/>	No
128. * Were you dissatisfied with how you spend your free time?	<input type="radio"/>	Yes	<input type="radio"/>	No
129. * Have you ever bought anything in your lifetime that you did not need?	<input type="radio"/>	Yes	<input type="radio"/>	No
130. * Have you felt your cultural identity doesn't matter?	<input type="radio"/>	Yes	<input type="radio"/>	No
131. * Have you had frequent nightmares?	<input type="radio"/>	Yes	<input type="radio"/>	No
132. * Have you felt helpless to change your life?	<input type="radio"/>	Yes	<input type="radio"/>	No
133. * Have you experienced frequent emotions like fear, anger, guilt, or shame?	<input type="radio"/>	Yes	<input type="radio"/>	No
134. * Have you frequently thought about ending your life?	<input type="radio"/>	Yes	<input type="radio"/>	No
135. * Have you felt alienated from family, friends, or community?	<input type="radio"/>	Yes	<input type="radio"/>	No
136. * Have you harmed yourself (cutting, scratching, etc.)?	<input type="radio"/>	Yes	<input type="radio"/>	No
137. * Have you felt guilty about experiencing pleasant emotions?	<input type="radio"/>	Yes	<input type="radio"/>	No
138. * Have you felt overwhelmed by upsetting memories?	<input type="radio"/>	Yes	<input type="radio"/>	No
139. * Have you felt betrayed by others?	<input type="radio"/>	Yes	<input type="radio"/>	No
140. * Have you lacked motivation to care for your health (diabetes, heart, diet, exercise, hygiene)?	<input type="radio"/>	Yes	<input type="radio"/>	No

**OFFICE USE ONLY**

Date of Completion \_\_\_\_\_

**NOTES:**