

Substance Use Questionnaire

This is a survey about your use of drugs and alcohol. The survey should take 5 to 10 minutes.

Drug use is, of course, a sensitive and personal matter, something you would not want to tell just anyone about. This survey, however, allows us to ask you about your drug use and guarantees the secrecy of your responses. Let us know at the end what you think.

The survey is easy to take. To answer a question, all you need to do is select the appropriate response on the screen. Let's start with some sample questions. Go ahead and click on the Next Page button.

There are two types of questions on this test. The first question, "How old are you?" is an example of the first type of question.

In this type of question, you answer by selecting one of the responses. Go ahead now and answer the question by selecting your age.

When you've selected your response, click on the Next Page button.

How old are you?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

For this next question, "Which of the following are in your family?" we want you to select all the responses that are true.

For this example, if you have a mother, a father, a brother, and dog in your family, you would select all four of these on the screen. Now go ahead and select all of those who are in your family.

Notice that when you select each answer, a checkbox appears in the box next to that answer.

When you've selected your response, click on the Next Page button.

Which of the following are in your family?

- Father
- Mother
- Sister
- Brother
- Dog
- Cat

That completes the instructions.

When you are ready to begin, click on the Next Page button.

Have you ever used tobacco (for example cigarettes, cigars, chewing tobacco)?

- I have never tried tobacco
- I have never tried tobacco, but might sometime
- I have tried tobacco, but have not used it in the past 12 months
- I have tried tobacco, but have used it only once in a while in the past 12 months
- I have tried tobacco, and have used it a lot in the past 12 months

How have you used tobacco?

Select all that apply.

- Smoked cigarettes
- Smoked a pipe or cigar
- Chewed tobacco or snuff

How have you used tobacco most?

- Smoked cigarettes
- Smoked pipe or cigar
- Chewed tobacco or snuff

How old were you when you first tried more than a small amount of tobacco (at least a full cigarette, cigar, packet or pinch of snuff, chewing tobacco)?

- Never tried it
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

During the past 12 months, how often did you smoke cigarettes?

- Every day or nearly every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- About once a month
- Less than once a month

How old were you when you first smoked cigarettes every day or almost every day?

- I have never smoked cigarettes
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

During the past 12 months, how many cigarettes did you usually smoke in a day when you did smoke?

- 2 or more PACKS per day
- 1-2 PACKS per day
- 10-19 cigarettes per day
- 3-9 cigarettes per day
- 1-2 cigarettes per day
- Less than one cigarette per day

During the past 12 months, about how often did you smoke a pipe or cigar?

- Every day or nearly every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- About once a month
- Less than once a month

How old were you when you first smoked a pipe or cigar every day or almost every day?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

During the past 12 months, about how many cigars or pipes did you usually smoke in a day when you did smoke?

- 20 or more cigars/pipes a day
- 10-19 cigars or pipes a day
- 3-9 cigars or pipes a day
- 1-2 cigars or pipes a day
- Less than one cigar or pipe a day

During the past 12 months about how often did you chew tobacco or snuff?

- Every day or nearly every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- About once a month
- Less than once a month

How old were you when you first chewed tobacco or snuff every day or almost every day?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

During the past 12 months, about how many tins of chewing tobacco or snuff did you use each day when you did chew tobacco?

- 2 or more tins per day
- 1-2 tins per day
- About half a tin per day
- Less than half a tin per day
- Just one pinch per day
- Less than one pinch per day

Have you ever used alcohol?

- I have never tried alcohol
- I have never tried alcohol, but might sometime
- I have tried alcohol, but have not used it in the past 12 months
- I have tried alcohol, but have only used it once in a while in the past 12 months
- I have tried alcohol, and have used it a lot in the past 12 months

Have you ever drank alcohol without your parents saying you could?

- Yes
- No

How old were you when you first tried more alcohol than the small amount allowed by your parents?

- Never tried it
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old or older

During the past 12 months, about how many times did you drink alcohol?

- Every day or nearly every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- About once a month
- Less than once a month

How old were you when you first drank alcohol every day or nearly every day?

- Never tried it
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

In the past 12 months, when you drank alcohol, how many drinks did you usually have?

A drink is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.

- 10 or more drinks
- 9 drinks
- 8 drinks
- 7 drinks
- 6 drinks
- 5 drinks
- 4 drinks
- 3 drinks
- 2 drinks
- 1 drink
- Less than one drink

In the past 12 months, what is the largest number of drinks you had at one time?

A drink is a glass of wine, a bottle or can of beer, a shot glass of liquor, or a mixed drink.

- 10 or more drinks
- 9 drinks
- 8 drinks
- 7 drinks
- 6 drinks
- 5 drinks
- 4 drinks
- 3 drinks
- 2 drinks
- 1 drink
- Less than one drink

Have you ever gotten drunk or high from alcohol?

- Yes
- No

How old were you when you first got drunk or high from alcohol?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

Have you been drunk or high from alcohol in the past 12 months?

- Yes
- No

In the past 12 months, when you drank how often did you drink enough to become high or drunk?

- Nearly every time or every time
- About half the time
- Less than half of the time
- Never or almost never

How many times in the past 12 months have you been drunk?

- Every day or nearly every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- About once a month
- Less than once a month

Have you ever used marijuana (grass) or hashish?

- I have never tried marijuana or hashish.
- I have never tried marijuana or hashish, but might sometime.
- I have tried marijuana or hashish, but have not used it in the past 12 months.
- I have tried marijuana or hashish, but have used it only once in a while in the past 12 months.
- I have tried marijuana or hashish, and have used it a lot in the past 12 months.

How old were you when you first tried marijuana (grass) or hashish?

- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

During the past 12 months, about how often did you use marijuana or hashish?

- Every day or nearly every day
- 3-4 times a week
- 1-2 times a week
- 2-3 times a month
- About once a month
- Less than once a month

How old were you when you first smoked marijuana or hashish every day or nearly every day?

- Never smoked marijuana
- 11 years old or younger
- 12 years old
- 13 years old
- 14 years old
- 15 years old
- 16 years old
- 17 years old
- 18 years old
- 19 years old
- 20 years old
- 21 years old
- 22 years old
- 23 years old
- 24 years old
- 25 years old
- 26 years old
- 27 years old
- 28 years old
- 29 years old
- 30 years old
- 31 years old or older

How can you get marijuana or hashish?

Select all that apply.

- I could get some at home
- I could get some from one of my brothers
- I could get some from one of my sisters
- I could get some from friends
- I know where I could buy some
- I know an adult who will give me some

Earlier, you said you have used ALCOHOL. We would like to know what has happened to you when you have used alcohol. You will be shown some things that might happen when people use alcohol. For each one, decide whether it has ever happened to you.

Was this something that has happened to me when I used alcohol?

	Yes	No
I felt very mellow, calm, and happy.	<input type="radio"/>	<input type="radio"/>
I had a lot of fun with friends at a party.	<input type="radio"/>	<input type="radio"/>
I enjoyed music more.	<input type="radio"/>	<input type="radio"/>
I felt sexy, excited.	<input type="radio"/>	<input type="radio"/>
I passed out and couldn't remember what I did.	<input type="radio"/>	<input type="radio"/>
I became sick and vomited.	<input type="radio"/>	<input type="radio"/>
I felt more confident.	<input type="radio"/>	<input type="radio"/>
I felt depressed or sad.	<input type="radio"/>	<input type="radio"/>
I forgot my troubles.	<input type="radio"/>	<input type="radio"/>
I felt mad or angry.	<input type="radio"/>	<input type="radio"/>
I felt confused or scared.	<input type="radio"/>	<input type="radio"/>
I got into trouble with my parents.	<input type="radio"/>	<input type="radio"/>

Earlier, you said that you have used MARIJUANA. We would like to know what has happened to you when you have used marijuana. You will be shown some things that might happen when people use marijuana. For each one, decide whether it has ever happened to you.

Was this something that has happened to me when I used marijuana?

	Yes	No
I felt very mellow, calm, and happy.	<input type="radio"/>	<input type="radio"/>
I had a lot of fun with friends at a party.	<input type="radio"/>	<input type="radio"/>
I enjoyed music more.	<input type="radio"/>	<input type="radio"/>
I felt sexy, excited.	<input type="radio"/>	<input type="radio"/>
I passed out and couldn't remember what I did.	<input type="radio"/>	<input type="radio"/>
I became sick and vomited.	<input type="radio"/>	<input type="radio"/>
I felt more confident.	<input type="radio"/>	<input type="radio"/>
I felt depressed or sad.	<input type="radio"/>	<input type="radio"/>
I forgot my troubles.	<input type="radio"/>	<input type="radio"/>
I felt mad or angry.	<input type="radio"/>	<input type="radio"/>
I felt confused or scared.	<input type="radio"/>	<input type="radio"/>
I got into trouble with my parents.	<input type="radio"/>	<input type="radio"/>

Have you used:
Stimulants (uppers, speed, diet pills)?

Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Were the stimulants prescribed to you by a doctor? Yes No

Did you take more than the doctor prescribed? Yes No

Have you used:
Tranquilizers (Valium, Librium, etc.)?

Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Were the tranquilizers prescribed to you by a doctor? Yes No

Did you take more than the doctor recommended? Yes No

Have you used:
Quaaludes or Downers?

Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Have you used:
Bleomycins (screamers, blacks, etc.)?

Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Have you used:
Cadrines (wagon wheels, rails)?

Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Inhalants (gasoline, glue, aerosol sprays) Amyl Nitrate or Butyl Nitrate (poppers, rush, locker rooms)?

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Pills or medicine available without a prescription such as NoDoz, Sominex, cold capsules, etc.?

Did you take more than the recommended dosage? Yes No

Did you take them even though you weren't sick? Yes No

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Cocaine (coke, crack)?

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

PCP (angel dust, peace pill), LSD (acid), or other psychedelics?

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Heroin (horse, smack) or other opiates (methadone, opium, morphine, codine, etc.)?

If you used other opiates, were they prescribed to you by a doctor? Yes No This does not apply to me

Did you take more than the doctor prescribed? Yes No

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Steroids (juice, heat, roids)?

Were the steroids prescribed to you by a doctor? Yes No

Did you take more than the doctor recommended? Yes No

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Synthetic Cathinones (Bath Salts, Mephedrone, Meow-Meow, Bubbles)?

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Synthetic Marijuana (K2, Spice)?

Have you used: Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Salvia?

Have you used:

Club drugs (MDMA, Ecstasy, Molly, Sunshine, GHB, Ketamine, Special K, Rohypnol, Roofies)?

- Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Have you smoked a hookah?

- Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Have you used:

Electronic cigarettes (E-Cigs, Blue, N-Joy, Vape Pens, Vaporizers) to inhale Nicotine?

- Yes, in the last 12 months
 Yes, but not in the last 12 months
 No

Which club drugs have you used?

- MDMA (Molly)
 Ecstasy (Sunshine)
 GHB
 Ketamine (Special K)
 Rohypnol (Roofies)
 None of the above

Which stimulants have you used?

- Cocaine
 Methamphetamine (Meth)
 Amphetamine (Adderall)
 Caffeine
 Nicotine
 None of the above

Which depressants have you used?

- Alcohol
 Valium (benzos)
 Xanax
 Nitrous Oxide (whip-its)
 Barbiturates
 None of the above

Which hallucinogens have you used?

- LSD
 PCP
 Ecstasy
 MDMA (Molly)
 Marijuana
 Mescaline (Peyote)
 Psilocybin (Magic Mushrooms)
 Salvia
 Synthetic Marijuana (K2, Spice)
 Synthetic Cathinones (Bath Salts, Mephedrone, Meow-Meow, Bubbles)
 None of the above

Which opiates have you used?

- Heroin
 Morphine
 Codeine
 Oxycontin
 Vicodin
 None of the above