1. During the last 12 months (or during the time since your injury, if year 1 follow-up) did you use any illicit or non-prescription drugs?

No

Yes

Refused

Unknown

1. If Yes for above, please indicate the drugs used:

Crack/Cocaine

Pot/Marijuana

LSD/Hallucinogens

Heroin/Opiates

Speed/Stimulants

Unknown

List other drugs:

## General Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

Important note: None of the data elements included on this CRF are considered Core (i.e., strongly recommended for all studies to collect). These data elements are all Supplemental and should only be collected on clinical trials if the research team considers them appropriate for their study.

For pediatric studies, the data elements on this CRF are classified as Supplemental for ages 12 and older.