1. During the past 30 days, how many days per month did you have at least one drink of any alcoholic beverage such as beer, wine, a malt beverage or liquor?
2. During the past 30 days, on the days when you drank, about how many drinks did you drink on the average?
3. Considering all types of alcoholic beverages, how many times during the past 30 days did you have X [X = 5 for men, X = 4 for women] or more drinks on an occasion?
4. Indicates alcohol use prior to the last 12 months

Yes  No  Unknown

1. Alcohol use duration in years
2. Current tobacco use?

Yes  No  Unknown

1. Past tobacco use?

Yes  No  Unknown

1. Tobacco use duration in years
2. Type(s) of tobacco used

Filtered cigarettes

Non-filtered cigarettes

Low tar cigarettes

Cigars

Pipes

Chewing tobacco

Other, specify:

1. Indicates illicit drug use in the past year

Yes  No  Unknown

1. Indicates illicit drug use prior to the past 12 months

Yes  No  Unknown

1. Duration in years of illicit drug use
2. If YES, specify illicit drug type(s) used

Cocaine or crack

Hallucinogens (e.g. ecstasy, LSD, mescaline)

Heroin

Inhalants or solvents (e.g. amyl nitrate, nitrous oxide)

Marijuana, hash, THC, or grass

Narcotics: heroin, opium morphine, methadone)

Painkillers (e.g. Codeine, Darvon, Percadon)

Sedatives (e.g. sleeping pills, barbiturates)

Stimulants (e.g. Preludin, Benzedrine)

Stimulants: amphetamine, Benzedrine

Stimulants: cocaine/crack

Tranquilizers or anti-anxiety drugs (e.g. Valium)

Other, specify: