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: