

Lifetime Drug Use

Research Subject ID _____
 Research ID _____

In the last 30 days have you ever used any of the following substances?

	Yes	No	Don't know
Sedatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Tranquilizers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Painkillers	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stimulants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Marijuana, hash, HC, or grass	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Crack cocaine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens e.g. LSD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalents or solvents	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Methamphetamines	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Any other non-prescribed medications / substances	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Please specify the other substances you used in the past 30 days: _____

Age you first used sedatives: _____

 (Please enter age in years.)

Don't know

In the past 30 days, how many days have you used sedatives? _____

 (Please enter number of days used.)

Don't know

Age you first used tranquilizers: _____

 (Please enter age in years.)

Don't know
 (Please enter age in years.)

In the past 30 days, how many days have you used tranquilizers? _____

 (Please enter number of days used.)

Don't know

Age you first used painkillers:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used painkillers?

(Please enter number of days used.)

Don't know

Age you first used stimulants:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used stimulants?

(Please enter number of days used.)

Don't know

Age you first used marijuana:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used marijuana?

(Please enter number of days used.)

Don't know

Age you first used cocaine:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used cocaine?

(Please enter number of days used.)

Don't know

Age you first used crack cocaine:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used crack cocaine?

(Please enter number of days used.)

Don't know

Age you first used hallucinogens:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used hallucinogens?

(Please enter number of days used.)

Don't know

Age you first used inhalents or solvents:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used inhalents or solvents?

(Please enter number of days used.)

Don't know

Age you first used heroin:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used heroin?

(Please enter number of days used.)

Don't know

Age you first used methamphetamines:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used methamphetamines?

(Please enter number of days used.)

Don't know

Age you first used other non-prescribed medications or substances:

(Please enter age in years.)

Don't know
(Please enter age in years.)

In the past 30 days, how many days have you used other non-prescribed medications?

(Please enter number of days used.)

Don't know

Substance abuse and dependence past year (Drugs)

Flashcard 22

TYPES OF MEDICINES/DRUGS

1. Sedatives, for example, sleeping pills, barbiturates, Seconal, quaaludes, or chloral hydrate
2. Tranquilizers or anti-anxiety drugs, for example, Valium, Librium, muscle relaxants, or Xanax
3. Painkillers, for example, codeine, Darvon, Percodan, Dilaudid, or Demerol
4. Stimulants, for example, Preludin, Benzedrine, Methadrine, uppers, or speed
5. Marijuana, hash, THC, or grass
6. Cocaine or crack
7. Hallucinogens, for example, Ecstasy, LSD, mescaline, psilocybin, PCP, angel dust, or peyote
8. Inhalants or solvents, for example, amyl nitrate, nitrous oxide, glue, toluene, or gasoline
9. Heroin
10. Any OTHER medicines, drugs, or substances, for example, heroin, methadone, Elavil, steroids, Thorazine, or Haldol

1. Sedatives

Yes
 No
(PX0510402)

1a. Did you use (Sedatives) in the last 12 months only, before the last 12 months only, or during both time periods?

Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)

2. Tranquilizers

Yes
 No
(PX0510402)

Did you use (Tranquilizers) in the last 12 months only, before the last 12 months only, or during both time periods?

Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)

3. Painkillers

Yes
 No
(PX0510402)

Did you use (Painkillers) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)
-

4. Stimulants

- Yes
 No
(PX0510402)
-

Did you use (Stimulants) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)
-

5. Marijuana

- Yes
 No
(PX0510402)
-

Did you use (Marijuana) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)
-

6. Cocaine or Crack

- Yes
 No
(PX0510402)
-

Did you use (Cocaine or Crack) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)
-

7. Hallucinogens

- Yes
 No
(PX0510402)
-

Did you use (Hallucinogens) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)
-

8. Inhalants/Solvents

- Yes
 No
(PX0510402)
-

Did you use (Inhalants/Solvents) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)
-

9. Heroin

- Yes
 No
(PX0510402)
-

Did you use (Heroin) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)

10. Other

- Yes
 No
(PX0510402)

Other, Specify #10

(PX0510402)

10a. Did you use (Other) in the last 12 months only, before the last 12 months only, or during both time periods?

- Last 12 months only
 Prior to last 12 months only
 Both time periods
(PX0510402)

CHECK ITEM 3.14

Are any 1's or 3's marked in the b questions above?

- Yes - Go to 12 questions
 No - End Protocol
(PX0510402)