(NYS)

1. Have you EVER used alcohol beverages such as beer, wine, wine coolers, or hard liquor with your parents’ permission (even just a few sips)?

1= Yes 2= No

1. Have you EVER used alcohol beverages such as beer, wine, wine coolers, or hard liquor without your parents’ permission (even just a few sips)?

1= Yes 2= No

1. At what age did you first try alcohol with your parents’ permission? (if never used alcohol with parents permission, then put 0) \_\_\_\_\_\_
2. At what age did you first try alcohol without your parents’ permission? (if never used alcohol without parents permission, then put 0) \_\_\_\_\_\_
3. How many times in the past year have you used alcohol? (if never used alcohol, then put 0) \_\_\_\_\_\_\_\_\_
4. When answering the next question think of a “drink of alcohol” as a can of beer, a glass of wine, a wine cooler, or a shot of hard liquor. On the days you drink alcohol, about how many drinks do you have? (enter .25 for a few sips, enter .50 for half a glass/bottle/can, enter 0 if never tried alcohol)

\_\_\_\_\_\_\_\_

1. Have you EVER used cigarettes with your parents’ permission (even just a few puffs)?

 1= Yes 2= No

1. Have you EVER used cigarettes without your parents’ permission (even just a few puffs)?

 1= Yes 2= No

1. At what age did you first try cigarettes with your parents’ permission? (if never tried cigarettes with your parents permission, then put 0) \_\_\_\_\_\_\_\_
2. At what age did you first try cigarettes without your parents’ permission? (if never tried cigarettes without your parents permission, then put 0) \_\_\_\_\_\_\_\_
3. How many cigarettes have you smoked in your life? (if never tried cigarettes, then put 0) \_\_\_\_\_\_\_\_\_\_\_
4. How many times in the past year have you smoked cigarettes? (if never tried cigarettes, then put 0) \_\_\_\_\_\_\_\_\_\_\_
5. On the days you smoked cigarettes how many do you smoke? (enter .25 for a few puffs, enter .50 for half a cigarette, enter 0 if never smoked)

\_\_\_\_\_\_\_\_\_\_\_\_

1. Have you EVER used marijuana?

1= Yes 2= No

1. At what age did you first try marijuana? (if never tried marijuana, then put a 0) \_\_\_\_\_\_\_
2. How many times in the past year have you used marijuana? (if never tried marijuana, then put a 0) \_\_\_\_\_\_\_\_\_
3. Have you EVER used inhalant drugs (i.e., sniffed glue, breathed aerosol spray cans, nitrous oxide, amyl or butyl nitrites, poppers)?

1=Yes 2=No

1. At what age did you first try inhalant drugs? (if never tried inhalant drugs, then put a 0) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. How many times in the past year have you used inhalant drugs? (if never tried inhalant drugs, then put a 0) \_\_\_\_\_\_\_\_\_
3. Have you used illegal drugs other than tobacco, alcohol, marijuana, or inhalants in your lifetime?

1=Yes 2=No

1. Have you used illegal drugs other than tobacco, alcohol, marijuana, or inhalants in the past year?

1=Yes 2=No