Cigarettes

 1. Have you ever smoked a cigarette or an e-cigarette (electronic cigarette)?

 1. Never used

 2. Used, but not in the past 90 days

 3. Used in the past 90 days

 2. Now, think of a *typical* week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much and for how long you typically smoked in a week during that three month period.

 For each day of the week in the calendar below, fill in the **number of cigarettes typically smoked on that day** in the box. Enter “0” if none.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Number of *Cigarettes*** |  |  |  |  |  |  |  |

 3. Now, think of your *heaviest smoking week* in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much and for how long you typically smoked in a week during your *heaviest smoking week* in the three month period.

 For each day of the week in the calendar below, fill in the **number of cigarettes typically smoked on that day** in the box. Enter “0” if none.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Number of *Cigarettes*** |  |  |  |  |  |  |  |

 4. Now, think of a *typical* week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, if you smoked an e-cigarette in a typical week during that three month period.

 For each day of the week in the calendar below, place a checkmark to indicate the **days you smoked an e-cigarette** during a *typical week* in the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **E-cigarette** (electronic cigarette) |  |  |  |  |  |  |  |

 5. Now, think of your *heaviest e-cigarette use week* in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, if/when you smoked e-cigarettes during your *heaviest e-cigarette use week* over that three month period.

 For each day of the week in the calendar below, place a checkmark to indicate the **days you smoked e-cigarettes** during your *heaviest e-cigarette use week* in the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **E-cigarette** (electronic cigarette)? |  |  |  |  |  |  |  |

Alcohol

Please consider a drink to be the following…

 1. Have you ever had a drink of alcohol?

 1. Never used

 2. Used, but not in the past 90 days

 3. Used in the past 90 days

 2. Now, think of a *typical* week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much and for how long you typically drank alcohol in a week during that three month period.

 For each day of the week in the calendar below, fill in the **number of drinks typically consumed on that day** in the box. Enter “0” if none.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Number of *Drinks*** |  |  |  |  |  |  |  |

 3. Now, think of your *heaviest drinking week* in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, how much and for how long you typically drank in a week during your *heaviest drinking week* in the three month period

 For each day of the week in the calendar below, fill in the **number of drinks typically consumed on that day** in the box. Enter “0” if none.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Number of *Drinks*** |  |  |  |  |  |  |  |

Other drugs

 1. Have you ever used drugs other than alcohol, tobacco, and marijuana?

 1. Never used

 2. Used, but not in the past 90 days

 3. Used in the past 90 days

 2. Now, think of a *typical* week in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, if you took other drugs in a typical week during that three month period.

 For each day of the week in the calendar below, place a checkmark to indicate the **days you consumed the drug** during a *typical week* in the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Marijuana** |  |  |  |  |  |  |  |
| **“Powder” Cocaine** |  |  |  |  |  |  |  |
| **“Crack” Cocaine** |  |  |  |  |  |  |  |
| **Amphetamines**(SPEED) |  |  |  |  |  |  |  |
| **Methamphetamines**(METH) |  |  |  |  |  |  |  |
| **Ecstasy**(other “Club” Drugs) |  |  |  |  |  |  |  |
| **Heroin** |  |  |  |  |  |  |  |
| **Methadone**(non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Other Opiates or** “Pain Killers” (non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Barbiturates**(non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Sedatives/Hypnotics or Tranquilizers** (non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Inhalants**(Alcohol, Cleansers, Paint, etc.) |  |  |  |  |  |  |  |
| **Hallucinogens** |  |  |  |  |  |  |  |

 3. Now, think of your *heaviest drug use week* in the last 90 days. (Where did you live? What were your regular weekly activities? Were you working or going to school? etc.) Try to remember as accurately as you can, if/when you took other drugs during your *heaviest drug use week* over that three month period.

 For each day of the week in the calendar below, place a checkmark to indicate the **days you consumed the drug** during your *heaviest drug use week* in the appropriate box.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **Marijuana** |  |  |  |  |  |  |  |
| **“Powder” Cocaine** |  |  |  |  |  |  |  |
| **“Crack” Cocaine** |  |  |  |  |  |  |  |
| **Amphetamines**(SPEED) |  |  |  |  |  |  |  |
| **Methamphetamines**(METH) |  |  |  |  |  |  |  |
| **Ecstasy**(other “Club” Drugs) |  |  |  |  |  |  |  |
| **Heroin** |  |  |  |  |  |  |  |
| **Methadone**(non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Other Opiates or** “Pain Killers” (non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Barbiturates**(non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Sedatives/Hypnotics or Tranquilizers** (non-prescription or street drugs) |  |  |  |  |  |  |  |
| **Inhalants**(Alcohol, Cleansers, Paint, etc.) |  |  |  |  |  |  |  |
| **Hallucinogens** |  |  |  |  |  |  |  |