The next set of questions asks about your use of drugs other than alcohol, tobacco or marijuana for non-medical purposes (e.g., Cocaine, Crack, Barbiturates, Heroin, Inhalants, Hallucinogens, Ecstasy, Amphetamines).

1. In the past year, how often have you used drugs (other than alcohol, tobacco, or marijuana) for non-medical purposes?

 1. Everyday

 2. 4 or 5 days/week

 3. 2 or 3 days/week

 4. 1 day/week

 5. 2-3 days/month

 6. 1 day/month

 7. Once or twice

 8. Not at all (***If ‘Not at all’, ask:***

 8a.Have you ever used drugs (other than alcohol, tobacco, or marijuana) for non- medical purposes?

1. No
2. Yes

2. Have you used drugs (other than alcohol, tobacco, or marijuana) for non-medical purposes in the past 90 days?

 1. Yes

 2. No

3. 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 for non-medical purposes in a typical week during that 90 day period.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **“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**(Cleansers, Paint, etc.) |  |  |  |  |  |  |  |
| **Hallucinogens** |  |  |  |  |  |  |  |

 4. 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 for non-medical purposes during your *heaviest drug use week* over that 90 day period.

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Drug** | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** | **Saturday** | **Sunday** |
| **“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**(Cleansers, Paint, etc.) |  |  |  |  |  |  |  |
| **Hallucinogens** |  |  |  |  |  |  |  |