**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).**

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

1. Everyday (Go to Q. **66**)
2. 4 or 5 days/week (Go to Q. **66**)
3. 2 or 3 days/week (Go to Q. **66**)
4. 1 day/week (Go to Q. **66**)
5. 2-3 days/month (Go to Q. **66**)
6. 1 day/month (Go to Q. **66**)
7. Once or Twice (Go to Q. **66**)
8. Not at all (Go to Q. **65**)
9. I prefer not to answer (Go to Q. **65**)

**65. Have you EVER used drugs (other than alcohol, tobacco, or marijuana) for non-medical purposes?**

1. Yes (Go to Q **68**)
2. No (Go to Q **68**)
3. I prefer not to answer (Go to Q **68**)

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

1. Yes (Go to Q. **67**)
2. No (Go to Q. **68**)
3. I prefer not to answer (Go to Q. **68**)

**67. 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 used the drug** during a *typical week* in the appropriate box.

**Types of Drugs**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday | Did Not Use This Drug | I Prefer Not to Answer |
| 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 | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ | ❏ |