Alcohol - Lifetime (Definition of one drink: 1.5 ounces of 40 to 80 Proof (20 to 40 %) alcohol or one 12 ounce can of beer or one 5 ounce glass of wine, one ounce equals 30 ml.)

1. At the time in your life when you were drinking the most alcohol, were you drinking it:
   - Every day, or nearly every day (5 points)
   - Three or more days a week (4 points)
   - Every weekend, or most weekends and holidays (3 points)
   - Once a week or less (2 points)
   - A few times a year, on special occasions (1 point)
   - Never (0 points)

Frequency Score _______________

2. When was this? ______

3. Are you drinking currently? ______

4. How long did this pattern of drinking last?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

Duration Score _______________

(If Frequency Score = 0, 1, or 2, Score Duration as 0)

5. During this time when you were drinking the most, how many drinks at a sitting or in a day would you typically drink?
   - Ten or more (5 points)
   - Five – ten (4 points)
   - Four – five (3 points)
   - Two – three (2 points)
   - One – two (1 point)
   - None (0 points)

Amount Score _______________

6. Is alcohol your drug of choice?
   - Yes
   - No

Total Alcohol Score _______________

7. Age of first use: ______

Comments:
Alcohol – 30 Days

1. During the last 30 days, how many days did you drink alcohol:
   - Fifteen to thirty days (5 points)
   - Six to fourteen days (4 points)
   - Four to five days (3 points)
   - Two to three days (2 points)
   - One day (1 point)
   - None (0 points)

   Frequency Score _______________

2. How long has this current pattern of drinking been going on?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)

   Duration Score _______________

3. During the last month, when you were drinking the most, how many drinks at a sitting or in a day would you typically drink?
   - Ten or more (5 points)
   - Five – ten (4 points)
   - Four – five (3 points)
   - Two – three (2 points)
   - One – two (1 point)
   - None (0 points)

   Amount Score _______________

4. Is alcohol your drug of choice?
   - Yes
   - No

   Total 30-Day Alcohol Score _______________

Comments:
Tobacco - Lifetime

1. At the time in your life when you were smoking the most (a) cigarettes or (b) cigars, were you smoking:
   - At regular intervals throughout the day, every day or most days (5 points)
   - In clusters, at specific times of day like coffee breaks or lunchtime, every day or most days (4 points)
   - Once a day, every day or most days (3 points)
   - 20 – 100 times in lifetime (2 points)
   - Fewer than 20 times in lifetime (1 point)
   - Never smoked (0 points)

   Frequency Score _______________

2. When was this?

3. Are you smoking currently?

4. How long did this pattern of smoking last?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

   Duration Score _______________
   (If Frequency Score = 0, 1, or 2, Score Duration as 0)

5. How many packs per day of cigarettes would you typically smoke, at your heaviest use?
   - Two or more (5 points)
   - One – two (4 points)
   - One (3 points)
   - Half a pack (2 points)
   - Less than half a pack (1 point)
   - None (0 points)

   Amount Score _______________

6. How many cigars per day would you typically smoke, at your heaviest use? (Not scored)
   - Two or more
   - One
   - One – two
   - None

7. Is tobacco your drug of choice?
   - Yes
   - No

   Total Tobacco Score _______________

8. Age of first use:______

Comments:
Tobacco – 30 Days

1. **During the past 30 days, when you were smoking the most (a) cigarettes or (b) cigars, were you smoking:**
   - At regular intervals throughout the day, every day or most days **(4 points)**
   - In clusters, at specific times of day like coffee breaks or lunchtime, every day or most days **(3 points)**
   - Once a day, every day or most days **(2 points)**
   - One to 3 days per week **(1 point)**
   - Does not smoke at present **(0 points)**

   **Frequency Score _______________**

2. **How long has this current pattern of smoking been going on?**
   - More than a year **(3 points)**
   - Six months to one year **(2 points)**
   - Less than six months **(1 point)**
   - No use **(0 points)**

   **Duration Score _______________**

3. **During the past 30 days, how many packs per day of cigarettes would you typically smoke, at your heaviest use?**
   - Two or more **(5 points)**
   - One – two **(4 points)**
   - One **(3 points)**
   - Half a pack **(2 points)**
   - Less than half a pack **(1 point)**
   - None **(0 points)**

   **Amount Score _______________**

4. **How many cigars per day would you typically smoke during the past month?** (Not scored)
   - Two or more
   - One
   - One – two
   - None

5. **Is tobacco your drug of choice?**
   - Yes
   - No

   **Total 30-Day Tobacco Score _______________**

Comments:
Cocaine - Lifetime

1.  At the time in your life when you were using the most cocaine or crack cocaine, were you using it:

2.

- Several times a day, every day or most days, or continuous use as long as drug is available (7 points)
- Three or more times a day, three to five days a week (6 points)
- Three or more times a day, one to three days a week (5 points)
- Once a day, every day or most days (4 points)
- More than 100 times in lifetime (3 points)
- 20 – 100 times in lifetime (2 points)
- Fewer than 20 times in lifetime (1 point)
- Never used (0 points)

Frequency Score ______________

1b. How did you use it?: smoking snorting freebasing skin popping IV injection

2. When was this?

3. Are you currently using?

4. How long did this pattern of cocaine use last?

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score ______________
(If Frequency Score = 0 or 1, Score Duration as 0)

5. During this time when you were using the most cocaine, how much would you use/spend at one sitting?

- Number of grams __________; Multiply by $80
- Number of vials or “rocks”_________; Multiply by $10
- Amount of money spent per day on cocaine: Total = $__________

6. Is cocaine your drug of choice?  Yes  No

Total Cocaine Score ______________

7. Age of first use:______

Comments:
Cocaine – 30 Days

1. *During the last 30 days, how many days did you use cocaine or crack cocaine?*
   - Nineteen to thirty days (4 points)
   - Eight to eighteen days (3 points)
   - Three to seven days (2 points)
   - One to two days (1 point)
   - None (0 points)
   
   Frequency Score ______________

1b. *How did you use it?: smoking  snorting  freebasing  skin popping  IV injection*

2. *How long has this pattern of cocaine use been going on?*
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)
   
   Duration Score ______________

3. *During this time when you were using the most cocaine, how much would you use/spend at one sitting?*
   - Number of grams ______________; Multiply by $80
   - Number of vials or “rocks” __________; Multiply by $10
   - Amount of money spent per day on cocaine: Total = $__________

   - $100 or more (6 points)
   - $80-99 (5 points)
   - $60-79 (4 points)
   - $40-59 (3 points)
   - $20-39 (2 points)
   - $1-19 (1 point)
   - $0 (0 points)

   Amount Score ______________

4. *Is cocaine your drug of choice?*
   - Yes
   - No

   Total 30-Day Cocaine Score ______________

Comments:
Heroin - Lifetime

1. At the time in your life when you were using the most heroin, were you using it:
   - Several times a day, every day or most days (4 points)
   - Once a day, every day or most days (3 points)
   - 20 – 100 times in lifetime (2 points)
   - Fewer than 20 times in lifetime (1 point)
   - Never used (0 points)

   Frequency Score _______________

1b. How did you use it?: smoking snorting freebasing skin popping IV injection

2. When was this?

3. Are you currently using?

4. How long did this pattern of heroin and/or opiate use last?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

   Duration Score _______________
   (If Frequency Score = 0 or 1, Score Duration as 0)

5. During this time when you were using the most heroin or opiates, how much would you typically use/spend at one sitting? (Score as doses)
   - Number of bags/packets (1 bag = 1 dose)
   - Amount of money spent per day on heroin/opiates (Dose equals dollar amount divided by 10) (Dose = _______________)

6. Amount Scoring
   - 10 or more doses (6 points)
   - 8-9 doses (5 points)
   - 6-7 doses (4 points)
   - 4-5 doses (3 points)
   - 2-3 doses (2 points)
   - <1-1 doses (1 point)

   Amount Score _______________

7. Is heroin your drug of choice?  
   - Yes
   - No

   Total Heroin Score _______________

8. Age of first use:_____
Comments:
Heroin – 30 Days

1. During the last 30 days, how many days did you use heroin?
   - Fourteen to thirty-one days (4 points)
   - Five to thirteen days (3 points)
   - Three to four days (2 points)
   - One to two days (1 point)
   - Did not use heroin in the last 30 days (0 points)

   Frequency Score ________________

1b. How did you use it?: smoking  snorting  freebasing  skin popping  IV injection

2. How long has this pattern of heroin use been going on?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)

   Duration Score ________________

3. During this time when you were using the most heroin, how much would you typically use/spend at one sitting? (Score as doses)
   - Number of bags/packets (1 bag = 1 dose)
   - Amount of money spent per day on heroin/opiates
     (Dose equals dollar amount divided by 10) (Dose = ________________)

4. Amount Scoring
   - 10 or more doses (6 points)
   - 8-9 doses (5 points)
   - 6-7 doses (4 points)
   - 4-5 doses (3 points)
   - 2-3 doses (2 points)
   - <1-1 doses (1 point)

   Amount Score ________________

5. Is heroin your drug of choice?  
   - Yes
   - No

   Total 30-Day Heroin Score ________________

Comments:
Illicit Use of Prescription Opiates - Lifetime

1. *At the time in your life when you were illicitly using prescription opiates (Oxycontin, Percocet, etc.) were you using them:*

   - Every day or nearly every day (5 points)
   - Three or more days per week (4 points)
   - Every weekend or most weekends and holidays (3 points)
   - Once per week or less (2 points)
   - A few times a year on special occasions (1 point)
   - Never (0 points)

   **Frequency Score _______________**

1b. *How did you use it?:* smoking   snorting   freebasing   skin popping   IV injecting

2. *When was this?*

3. *Are you currently using?*

4. *If you were illicitly using prescription opiates, what were their names?*

5. *How long did this pattern of opiate use last?*

   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

   **Duration Score _______________**

   *(If Frequency Score = 0 or 1, Score Duration as 0)*

6. *During this time when you were illicitly using the most prescription opiates, how many would you typically use at one sitting?*

   - 10-20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

   **Amount Score _______________**

7. *Are prescription opiates your drug of choice?*  
   ○ Yes  ○ No

   **Total Illicit Prescription Opiate Score _______________**

8. Age of first use:_____

   Comments:
Illicit Use of Prescription Opiates – 30 Days

1. During the last 30 days, how many days did you illicitly use prescription opiates (e.g., Oxycontin, Percocet, etc.)?
   - Twenty-one to thirty days (4 points)
   - Eleven to twenty days (3 points)
   - Three to ten days (2 points)
   - One to two days (1 point)
   - None (0 points)

   Frequency Score _________________

1b. How did you use it?: smoking  snorting  freebasing  skin popping  IV injecting

2. If you were using prescription opiates illicitly, what were their names?

3. How long has this current pattern of illicit prescription opiate use been going on?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)

   Duration Score _________________

4. During this time when you were illicitly using the most prescription opiates, how many would you typically use at a time?
   - 10-20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

   Amount Score _________________

5. Are prescription opiates your drug of choice?
   - Yes
   - No

Total 30-Day Illicit Prescription Opiate Score _________________

Comments:
Marijuana/Cannabis - Lifetime

1. At the time in your life when you were using the most marijuana, were you using it:
   - Several times a day, every day (6 points)
   - Every day, or nearly every day (5 points)
   - Three or more days a week (4 points)
   - Every weekend, or most weekends and holidays (3 points)
   - Once a week or less (2 points)
   - A few times a year, on special occasions (1 point)
   - Never (0 points)

   Frequency Score _______________

2. When was this?

3. What form of marijuana did you use (e.g., plant, oil, hash, etc.) and how did you typically use it?

4. Are you using currently?

5. How long did this pattern of marijuana use last?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

   Duration Score _______________
   (If Frequency Score = 0, 1, or 2, Score Duration as 0)

6. During this time when you were using the most, how much marijuana at a sitting would you typically use?
   - More than five joints (5 points)
   - Four to five joints (4 points)
   - Two to three joints (3 points)
   - One to two joints (2 points)
   - Less than one joint (1 point)
   - None (0 points)

   Amount Score _______________

7. Is marijuana your drug of choice?
   - Yes  
   - No

   Total Marijuana Score _______________

Age of first use:_______

Comments:
Marijuana/Cannabis – 30 Days

1. During the last 30 days, how many days did you use marijuana?
   - Twenty-one to thirty (4 points)
   - Eleven to twenty (3 points)
   - Three to ten (2 points)
   - One to two (1 point)
   - None (0 points)

   Frequency Score ________________

2. What form of marijuana did you use (e.g., plant, oil, hash, etc.) and how did you typically use it?

3. How long has this pattern of marijuana use been going on?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)

   Duration Score ________________

4. During this time when you were using the most, how much marijuana at a sitting would you typically use?
   - More than five joints (5 points)
   - Four to five joints (4 points)
   - Two to three joints (3 points)
   - One to two joints (2 points)
   - Less than one joint (1 point)
   - None (0 points)

   Amount Score ________________

5. Is marijuana your drug of choice?
   - Yes
   - No

   Total 30-Day Marijuana Score ________________

Comments:
Amphetamine/Methamphetamine - Lifetime

1. At the time in your life when you were using the most amphetamine or methamphetamine, which drug were you using primarily:

   Amphetamine
   (“Speed”, Dexedrine®, Benzedrine, Adderall, etc.) _________

   Methamphetamine
   (“Ice”, “Crystal”, “Crank”, “Meth”, Methedrine®, etc.) _________

2. Were you using it:
   o Every day or nearly every day (5 points)
   o Three or more days per week (4 points)
   o Every weekend or most weekends and holidays (3 points)
   o Once per week or less (2 points)
   o A few times a year on special occasions (1 point)
   o Never (0 points)

   Frequency Score ______________

3. When was this?

4. Are you currently using?

5. How long did this pattern of amphetamine/methamphetamine use last?
   o More than a year (3 points)
   o Six months to one year (2 points)
   o Less than six months (1 point) Duration Score ______________

   (If Frequency Score = 0 or 1, Score Duration as 0)

6. During this time when you were using the most amphetamine/methamphetamine, what was your method of choice?
   o Intravenous (4 points)
   o Smoking (3 points)
   o Intranasal (“Snorting”) (2 points)
   o Oral (Pills, Licking) (1 point)

   (Method = ______________)

7. Is amphetamine/methamphetamine your drug of choice?  o Yes  o No

   Total Amphetamine Score ______________

Age of first use:______
Comments:
Amphetamine/Methamphetamine – 30 days

1. During the last 30 days, when you were using the most amphetamine or methamphetamine, which drug were you using primarily:
   Amphetamine
   (“Speed”, Dexedrine®, Benzedrine, Adderall, etc.)
   ____________________
   Methamphetamine
   (“Ice”, “Crystal”, “Crank”, “Meth”, Methedrine®, etc.)
   ____________________

2. During the last 30 days, how many days did you use amphetamine or methamphetamine?

   o Twenty-one to thirty days (4 points)
   o Eleven to twenty days (3 points)
   o Three to ten days (2 points)
   o One to two days (1 point)
   o None (0 points)

   Frequency Score ____________________

3. How long has this current pattern of amphetamine or methamphetamine use been going on?

   o More than a year (3 points)
   o Six months to one year (2 points)
   o Less than six months (1 point)
   o No use (0 points)

   Duration Score ____________________

4. During this time when you were using the most amphetamine/methamphetamine, what was your method of choice?

   o Intravenous (4 points)
   o Smoking (3 points)
   o Intranasal (“Snorting”) (2 points)
   o Oral (Pills, Licking) (1 point)

   (Method = ____________________)


   Total 30-Day Amphetamine Score ____________________

Comments:
**Benzodiazepines - Illicit Use of Prescription or Illicit Prescription - Lifetime**

1. *At the time in your life when you were using illicit benzodiazepines (e.g., Xanax, Valium, Ambien, Ativan, etc.) the most, were you using them:*

   - Every day or nearly every day (5 points)
   - Three or more days per week (4 points)
   - Every weekend or most weekends and holidays (3 points)
   - Once per week or less (2 points)
   - A few times a year on special occasions (1 point)
   - Never (0 points)

   **Frequency Score ______________**

2. *When was this?*

3. *Are you currently using?*

4. *If you were using illicit benzodiazepines, what were their names?*

5. *How long did this pattern of illicit benzodiazepine use last?*

   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

   **Duration Score ______________**

   *(If Frequency Score = 0 or 1, Score Duration as 0)*

6. *During this time when you were using the most, how many benzodiazepines would you typically use at a time?*

   - 10 to 20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

   **Amount Score ______________**

7. *Are benzodiazepines your drug of choice?*  
   ○ Yes  
   ○ No

   **Total Benzodiazepine Score ______________**

Age of first use:______

Comments:
Benzodiazepines - Illicit Use of Prescription or Illicit Prescription – 30 Days

1. **During the last 30 days, how many days did you use illicit benzodiazepines (e.g., Xanax, Valium, Ambien, Ativan, etc.)?**
   - Twenty-one to thirty days (4 points)
   - Eleven to twenty days (3 points)
   - Three to ten days (2 points)
   - One to two days (1 point)
   - None (0 points)

   Frequency Score ________________

2. **If you were using illicit benzodiazepines, what were their names?**

3. **How long has this current pattern of illicit benzodiazepine use been going on?**
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)

   Duration Score ________________

4. **During this time when you were using the most, how many benzodiazepines would you typically use at a time?**
   - 10 to 20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

   Amount Score ________________

5. **Are benzodiazepines your drug of choice?**
   - Yes
   - No

   Total 30-Day Benzodiazepine Score ________________

Comments:
1. At the time in your life when you were prescribed benzodiazepines (e.g., Xanax, Valium, Ambien, Ativan, etc.), were you prescribed them:
   - Every day or nearly every day (5 points)
   - Three or more days per week (4 points)
   - Every weekend or most weekends and holidays (3 points)
   - Once per week or less (2 points)
   - A few times a year on special occasions (1 point)
   - Never (0 points)

Frequency Score _______________

2. When was this?

3. Do you currently have a prescription for benzodiazepines?

4. If you were prescribed benzodiazepines, what were their names?

5. How long were you prescribed benzodiazepines?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

Duration Score _______________

(If Frequency Score = 0 or 1, Score Duration as 0)

6. During this time when you were prescribed benzodiazepines, how many would you typically take at a time?
   - 10 to 20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

Amount Score _______________

7. Are benzodiazepines your drug of choice?  ○ Yes  ○ No

Total Benzodiazepine Score _______________

8. Age of first use:______

Comments:
Benzodiazepines - Healthcare Provider Prescribed - 30 days

1. During the last 30 days, how many days did you take benzodiazepines prescribed to you by a healthcare provider (e.g., Xanax, Valium, Ambien, Ativan, etc.)?
   - Twenty-one to thirty days (4 points)
   - Eleven to twenty days (3 points)
   - Three to ten days (2 point)
   - One to two days (1 point)
   - None (0 points)

   Frequency Score _______________

2. If you were prescribed benzodiazepines, what were their names?

3. How long have you had your current prescription for benzodiazepines?
   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)
   - No use (0 points)

   Duration Score _______________

4. During this time when you were prescribed benzodiazepines, how many would you typically take at a time?
   - 10 to 20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

   Amount Score _______________

5. Are benzodiazepines your drug of choice?  ○ Yes  ○ No

   Total 30-Day Benzodiazepine Score _______________

Comments:
Barbiturates - Lifetime

1. *At the time in your life when you were using illicit barbiturates (e.g., phenobarbital, Tuinal, etc.) the most, were you using them:*

   - Every day or nearly every day (5 points)
   - Three or more days per week (4 points)
   - Every weekend or most weekends and holidays (3 points)
   - Once per week or less (2 points)
   - A few times a year on special occasions (1 point)
   - Never (0 points)

   **Frequency Score ______________**

2. *When was this?*

3. *Are you currently using?*

4. *If you were using illicit barbiturates, what were their names?*

5. *How long did this pattern of barbiturate use last?*

   - More than a year (3 points)
   - Six months to one year (2 points)
   - Less than six months (1 point)

   **Duration Score ______________**

   *(If Frequency Score = 0 or 1, Score Duration as 0)*

6. *During this time when you were using the most, how many barbiturates would you typically use at a time?*

   - 10 to 20 pills (4 points)
   - 5-10 pills (3 points)
   - 3-4 pills (2 points)
   - 1-2 pills (1 point)
   - None (0 points)

   **Amount Score ______________**

7. *Are barbiturates your drug of choice?*

   - Yes
   - No

   **Total Barbiturate Score ______________**

8. Age of first use: ______

   Comment:
Barbiturates – 30 Days

1. *During the last 30 days, how many days did you use illicit barbiturates (e.g., phenobarbital, Tuinal, etc.)*?

   - Twenty-one to thirty days  (4 points)
   - Eleven to twenty-one days  (3 points)
   - Three to ten days  (2 points)
   - One to two days  (1 point)
   - None  (0 points)

   Frequency Score ____________________

2. *If you were using illicit barbiturates, what were their names?*

3. *How long has this current pattern of barbiturate use been going on?*

   - More than a year  (3 points)
   - Six months to one year  (2 points)
   - Less than six months  (1 point)
   - No use  (0 points)

   Duration Score ____________________

4. *During this time when you were using the most, how many barbiturates would you typically use at a time?*

   - 10 to 20 pills  (4 points)
   - 5-10 pills  (3 points)
   - 3-4 pills  (2 points)
   - 1-2 pills  (1 point)
   - None  (0 points)

   Amount Score ____________________

5. *Are barbiturates your drug of choice?*  ○ Yes  ○ No

   Total 30-Day Barbiturate Score ____________________

Comments: