Substance Use Questionnaire

The Survey will ask the participants about their current and past use of tobacco, alcohol, and other substances.

Instructions: Please answer the following questions

<u>Tobacco</u>

- 1. Have you smoked at least 100 cigarettes or more in your lifetime? (100 cigarettes = 5 packs)
- Yes
- No
- Prefer not to say
- 2. At what age did you start smoking?

(Age started - years old)

- More than 60 years old
- Prefer not to say

3. Do you smoke now?

- Yes
- No
- Prefer not to say

4. How many total years have you smoked?

- More than 60 years
- Prefer not to say

5. On average how many cigarettes do/did you usually smoke in a day? (Number of cigarettes | 20 cigarettes = 1 pack) 1 2 3 4 5 6 7 9 10 11 12 13 14 15 16 17 18 19 20 21-30 (up to 1.5 packs) 31-40 (up to 2 packs) 41-50 (up to 2.5 packs) More than 50 (3 or more packs) Prefer not to say <u>Alcohol</u> 6. Have you ever consumed alcohol? Yes No Prefer not to say 7. At what age did you start drinking alcohol? (Age started - years old)

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- 51
- 52
- 53
- 54
- 55
- 56
- 57
- 58
- 59
- 60
- More than 60 years old
- Prefer not to say
- 8. How many total years have you consumed alcohol?

- 1
- 2
- 3
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- 89
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•	50
•	51
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•	59
•	60
•	More than 60 years old Prefer not to say
9.	Have you had any beer or ale in the past year?
•	Yes
•	No
•	Prefer not to say
10.	During the average week, how many 12 oz. bottles or cans of beer do you usually drink? (Number of bottles or cans per week)
•	1
•	2
•	3
•	4
•	5
•	6
•	7
•	8
•	9
•	10
•	11
•	12
•	13
•	14 or 2 drinks per night in a week
•	15
•	16
•	17
•	18
•	19
•	20
•	21 or 3 drinks per night in a week
•	22 to 28
•	29 to 35
•	36 or more
•	Prefer not to say
11.	Have you had any wine in the past year?
•	Yes
•	No
•	Prefer not to say
12.	During the average week, how many 5 oz. glasses of wine do you usually drink? The
	average wine bottle has 5 servings.

(Number of glasses per week)

- 1
- 2
- 3
- 4
- 5 (1 bottle)
- 6
- 7
- 8
- **a** 0
- 10 (2 bottles) 11
- 12
- 13
- 14
- 15 (3 bottles)
- 16
- 17
- 18
- 19
- 20 (4 bottles)
- 21-25 (5 bottles)
- 26-30 (6 bottles)
- 31-35 (7 bottles)
- More than 36 (greater than 7 bottles) Prefer not to say
- 13. Have you had any liquor in the past year, such as brandy, whiskey, vodka, gin, schnapps, cocktails, or liqueurs?
- Yes
- No
- Prefer not to say
- 14. During the average week, how many 1.5 oz. of liquor do you usually drink, either as shots or in mixed cocktails?

(Number of drinks per week)

- 1
- 2
- 3
- 4
- 5
- 6
- 7 (or 1 per day)
- 8
- 9
- 10
- 11
- 12
- 13
- 14 (or 2 per day)

- 15
- 16
- 17
- 18
- 19
- 20
- 21 (or 3 per day)
- 22-28
- 29-35
- More than 36
- Prefer not to say

15. Do you drive after having a drink, even if it is only one drink?

- Never
- Rarely
- Sometimes
- Often
- Always
- Prefer not to say

Vaping and e-Cigarettes

16. Have you ever vaped or used e-cigarettes?

- Yes
- No
- Prefer not to say

If yes and THC is used, please address in the marijuana section below

17. At what age did you start vaping or using e-cigarettes?

(Age started - years old)

- 5
- 6
- 7
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- 20
- 21

- More than 60 years old
- Prefer not to say

18. Do you vape or use e-cigarettes now?

- Yes
- No
- Prefer not to say

19. How many total years have you vaped or used e-cigarettes?

•	4
•	5
•	6
•	7
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•	9
•	10
•	11
•	12
•	13
•	14
•	15
•	16
•	17
•	18
•	19
•	20
•	More than 20 years
•	Prefer not to say
20.	When you vaped or used e-cigarettes, approximately how many days in a typical week
	would you use it?
•	1
•	2
•	3
•	4
•	5
•	6
•	7
•	Prefer not to answer
<u>Marijua</u>	na e e e e e e e e e e e e e e e e e e e
21.	Have you ever used marijuana (cannabis)?
	(This includes smoking marijuana, using cannabis concentrates, and edibles.)
•	Yes
•	No Professional Association (Control of the Control
•	Prefer not to say
22.	At what age did you start using marijuana?
	(Age started - years old)
•	5
•	6
•	7
•	8
•	9
•	10
•	11
•	12

- More than 60 years old

- Prefer not to say
- 23. Do you use marijuana now?
- Yes
- No
- Prefer not to say
- 24. In what form do you usually use marijuana?

(check all that apply)

- Inhaled/Smoked (for example: joints, blunts, bongs, vaping, dabs,)
- Oral/Edibles (for example: oils, tinctures, beverages, capsules, sprays)
- Topical (for example: sprays or oils)
- Prefer not to say

25. How many total years have you used marijuana?

- 1
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- 50
- More than 50 years
- Prefer not to say

26. When you used marijuana, approximately how many days in a typical week would you use it?

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- Prefer not to say