SUBSTANCE USE

CLIENT SELF-ADMINISTERED

1. **In the past 30 days, have you used nicotine, e-cigarettes, or vaped?**
   - Yes
   - No → *Skip to Q3*
   - Prefer not to say → *Skip to Q3*
   - Don’t know → *Skip to Q3*

2. **In the past 30 days, about how often have you used nicotine, e-cigarettes, or vaped?**
   - Daily
   - Weekly
   - Monthly
   - Less than once a month

3. **In the past 30 days, have you used alcohol?**
   - Yes
   - No → *Skip to Q5*
   - Prefer not to say → *Skip to Q5*
   - Don’t know → *Skip to Q5*

4. **In the past 30 days, how often have you used alcohol?**
   - Daily
   - Weekly
   - Monthly
   - Less than once a month

5. **In the past 30 days, have you used marijuana? (This refers to THC, not CBD alone)**
   - Yes
   - No → *Skip to Q8*
   - Prefer not to say → *Skip to Q8*
   - Don’t know → *Skip to Q8*
6. In the past 30 days, how frequently have you used marijuana?
   - Daily
   - Weekly
   - Monthly
   - Less than once a month

7. Was the marijuana prescribed by a doctor or other healthcare professional?
   - Yes
   - No
   - Prefer not to say
   - Don’t know

8. In the past 30 days, have you used opioids? Opioids may include drugs such as Vicodin, Oxycontin, Hydrocodone, Percocet, and Methadone.
   - Yes
   - No  ➔ Skip to Q11
   - Prefer not to say  ➔ Skip to Q11
   - Don’t know  ➔ Skip to Q11

9. In the past 30 days, how frequently have you used opioids?
   - Daily
   - Weekly
   - Monthly
   - Less than once a month

10. Were the opioids prescribed?
    - Yes
    - No
    - Prefer not to say
    - Don’t know

11. In the past 30 days, have you used non-prescribed stimulants (e.g., methamphetamine, cocaine, Adderall)?
    - Yes
    - No  ➔ Skip to next section
    - Prefer not to say  ➔ Skip to next section
    - Don’t know  ➔ Skip to next section
12. **In the past 30 days, how frequently have you used non-prescribed stimulants** (e.g., methamphetamine, cocaine, Adderall)?
   - Daily
   - Weekly
   - Monthly
   - Less than once a month