

Client ID # _____

Date of Administration: _____

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