

RESPONDENT ID # _____

130-132. DATE _____ / _____ / _____

133. INTERVIEWER ID# _____

BRIEF DRUG HISTORY

Now I would like you to summarize your drug use history. For each drug group I'm going to read to you, please tell me: the age of first use; age of first regular use. How long ago you last used; how many days, if any, you used in the last four weeks and how many days ago you last used. This does not include medical use. I will ask about that separately.

DRUG GROUP	How old were you the first time you tried the drug? 0=Never	How old were you when you started using regularly?	How long ago (in mos.) did you last use? (If > 0, skip to next drug.)	How many days have you used in last four weeks?	How many days ago did you last use?	# Days ago last medical use (-9=NO USE IN LAST 30 DAYS)
Glue, spray cans, gasoline, etc. (1)	1	2	3	4	5	
Marijuana or hashish (2)	6	7	8	9	10	
Hallucinogens (LSD, mescaline, peyote) (3)	11	12	13	14	15	
Amphetamines or any other speed (crystal, methedrine, methamphetamine, ice) (4)	16	17	18	19	20	
Downers (reds, rainbows, quaalude, etc.) (6)	21	22	23	24	25	
Heroin (7)	26	27	28	29	30	
Other opiates (methadone, morphine, codeine, demerol, diluadid, percodan, opium) (9)	31 0 SKIP TO 36	32	33 >0 SKIP TO 36	34	35	36
Crack (33)	37	38	39	40	41	
Cocaine (intranasal or intravenous) (10)	42	43	44	45	46	
Tranquilizers (valium, librium, miltown, etc.) (11)	47 0 SKIP TO 52	48	49 >0 SKIP TO 52	50	51	52
PCP (angel dust) (12)	53	54	55	56	57	
Synthetic Drugs (Fentanyl or Synthetic H) (17)	58	59	60	61	62	
Alcohol (15)	63	64	65	66	67	
Tobacco (34)	68	69	70	71	72	
Ecstasy, Adam, Eve, MDA, MDMA (35)	73	74	75	76	77	