

| In the past year, how many times have you used the following? |       |                  |         |        |                          |
|---|-------|------------------|---------|--------|--------------------------|
| Drug Type   | Never | Once or<br>Twice | Monthly | Weekly | Daily or almost<br>Daily |
| Alcohol:<br>Men: > 5 drinks/day<br>Women: > 4 drinks/day      |       |                  |         |        |                          |
| Tobacco products  |       |                  |         |        |                          |
| Misused prescription drugs                                    |       |                  |         |        |                          |
| Illegal drugs   |       |                  |         |        | 1                        |