

**Now I'm going to ask you some questions about recent drug and alcohol use. Please fill out the number of days you used each substance within the last 30 days. For some of these questions, we use the term "vape". To "vape" is to use a device such as a JUUL, vape-pen, or e-cigarette to inhale a vapor into the lungs.**

**On how many DAYS (if any) during the LAST 30 DAYS have you...**

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
Had a drink containing alcohol?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked a tobacco cigarette?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaped using an electronic nicotine or vaping product, such as e-cigarettes, vape pen, or JUUL?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked a tobacco cigar, hookah or pipe?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used smokeless tobacco, chew, or snus?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Have you used marijuana in the past month?  Yes  No

	0 Days	1-2 Days	3-5 Days	6-9 Days	10-19 Days	20-29 Days	30 Days
Vaped marijuana flower or bud in a vape pen, vaporizer, or e-vaporizer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana flower or bud in a pipe, joint or hookah or bong?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Vaped marijuana oils or concentrates such as THC, hash or BHO oil, in a vape pen or vaporizer?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Smoked marijuana oils or concentrates, such as THC oil, hash oil or "dabs" in a pipe or dab rig?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Had marijuana that you eat, such as pot cookies, gummy bears or brownies that contain marijuana?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Used any prescription medications in a way your doctor did not direct you to use them?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Sniffed liquids, sprays or gases to get high?

Used any other drugs such as cocaine, methamphetamine, heroin, or hallucinogens?