

Alcohol and Tobacco

ERROR! You must complete the enrollment form and the visit form before you can start this form.

Date of Alcohol and Tobacco form collection:

Check this box if the coordinator is entering data:

Coordinator data entry

Please answer the following questions for the 12 months before [stem_your]:

In the 12 months before [stem_your], did you use any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco)?

- Daily or Almost Daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Prefer not to answer
-

In the 12 months before [stem_your], did you use e-cigarettes or vapes for tobacco?

- Daily or Almost Daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Prefer not to answer
-

In the 12 months before [stem_your], did you have 5 or more drinks containing alcohol in one day?
One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

- Daily or Almost Daily
 - Weekly
 - Monthly
 - Less than Monthly
 - Never
 - Prefer not to answer
-

In the 12 months before [stem_your], did you have 4 or more drinks containing alcohol in one day?
One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

In the 12 months before [stem_your], did you use any form of marijuana?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

In the 12 months before [stem_your], did you use pens, THC cartridges, or vapes for marijuana?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

In the 12 months before [stem_your], did you use any drugs including cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

In the 12 months before [stem_your], did you use any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?

Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone), medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin), or medications for ADHD (for example, Adderall or Ritalin)

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Please answer the following questions for the time since [stem_your]:

Since [stem_your], have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes or smokeless tobacco)?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you used e-cigarettes or vapes for tobacco?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you had 5 or more drinks containing alcohol in one day?
One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you had 4 or more drinks containing alcohol in one day?
One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you used any form of marijuana?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you used pens, THC cartridges, or vapes for marijuana?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you used any drugs including cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer

Since [stem_your], have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you?

Prescription medications that may be used this way include: Opiate pain relievers (for example, OxyContin, Vicodin, Percocet, Methadone), medications for anxiety or sleeping (for example, Xanax, Ativan, Klonopin), or medications for ADHD (for example, Adderall or Ritalin)

- Daily or Almost Daily
- Weekly
- Monthly
- Less than Monthly
- Never
- Prefer not to answer