SUBSTANCE USE

During the last 12 month, on average, how frequently did you….

	Never (0)	Less than once a month (1)	About once a month (2)	A few times a month (3)	About once a week (4)	A few times a week (5)	Almost every day (6)
1. Drink beer, wine, or alcoholic spirits							
2. Drink 5 or more alcoholic drinks on one occasion							
3. Use marijuana/cannabis (including vaping)							
4. Use tobacco products (vaping nicotine, cigarettes, cigars, smokeless tobacco)							
5. Use prescription drugs in a way that was not intended or that were not prescribed to me							
6. Use opioids such as fentanyl, oxycodone, or other pain pills that were obtained without a doctor's prescription							
7. Use heroin or cocaine							
8. Fail to do what is normally expected of you (in both your personal/family life as well as your work/school life) because of drinking							
9. Fail to do what is normally expected of you (in both your personal/family life as well as your work/school life) because of drug use							