

Adolescent Substance Use

Description of Measure:

You may consider the following format to assess substance use among adolescents. Use this format for a face-to-face survey. Be sure to include substances relevant to your population. You should also consider asking age the substance was first used.

Measure Format:

1a. Have you ever used, or tried any of the following substances (Circle 0 if no, 1 if yes).

1b. FOR ANY "YES" RESPONSES TO EVER USED, how often inthe past 12 months have you used the substance? For each substance, circle the appropriate number.

Have you ever used:	EVER USED?		Daily	2-6 Times a week	Once a week	2-3 Times a month	Once a month	Less than Once a month	Never
	0	1							
A. Cigarettes, chewing tobacco	0	1	1	2	3	4	5	6	7
B. Alcohol	0	1	1	2	3	4	5	6	7
C. Marijuana/pot, weed, hash, hashish	0	1	1	2	3	4	5	6	7
E. Crack, rock	0	1	1	2	3	4	5	6	7
F. Cocaine-powdered	0	1	1	2	3	4	5	6	7
G. Uppers/stimulants like speed, crystal, ice	0	1	1	2	3	4	5	6	7
I. Heroin, opium	0	1	1	2	3	4	5	6	7
K. Hallucinogens like LSD	0	1	1	2	3	4	5	6	7
L. Other: specify	0	1	1	2	3	4	5	6	7

--End Measure.