Scale items:

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 at which the substance was first used.

Measure Format:

1a. Have you ever used, or tried any of the following substances..

1b. FOR ANY "YES" RESPONSES TO EVER USED, how often in the past 12 months have you used the substance?

1. Cigarettes, chewing tobacco   Yes No
2. Alcohol                    Yes No
3. Marijuana/pot, weed, hash, hashish Yes No
4. Crack, rock                Yes No
5. Cocaine-powdered           Yes No
6. Uppers/stimulants like speed, crystal, ice Yes No
7. Heroin, opium              Yes No
8. Hallucinogens like LSD      Yes No
9. Other: specify______________ Yes No

Response Categories

1. Daily
2. 2-6 times a week
3. Once week
4. 2-3 times a month
5. Once month
6. Less than one a month
7. never