

**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