

Drug Use Core

DRUG USE

Collection date of drug use information:

(DD-MM-YYYY)

Has the participant ever used any of the following substances...

	Yes	No
Club Drugs	<input type="radio"/>	<input type="radio"/>
Cocaine / Crack Cocaine?	<input type="radio"/>	<input type="radio"/>
Hallucinogens?	<input type="radio"/>	<input type="radio"/>
Heroin?	<input type="radio"/>	<input type="radio"/>
Inhalents / Solvents?	<input type="radio"/>	<input type="radio"/>
Marijuana?	<input type="radio"/>	<input type="radio"/>
Painkillers?	<input type="radio"/>	<input type="radio"/>
Sedatives / Tranquilizers?	<input type="radio"/>	<input type="radio"/>
Stimulants?	<input type="radio"/>	<input type="radio"/>
Any other non-prescribed substances?	<input type="radio"/>	<input type="radio"/>

Club Drugs: Age of First Use?

(Age in years.)

Club Drugs: Frequency Used in Past 30 Days?

(Provide number of days used.)

Cocaine / Crack Cocaine: Age of First Use?

(Age in years.)

Cocaine / Crack Cocaine: Frequency Used in Past 30 Days?

(Provide number of days used.)

Hallucinogens: Age of First Use?

(Provide age in years.)

Hallucinogens: Frequency Used in Past 30 Days?

(Provide number of days used.)

Heroin: Age of First Use?

(Provide age in years.)

Heroin: Frequency Used in Past 30 Days?

(Provide number of days used.)

Inhalents / Solvents: Age of First Use?

(Provide age in years.)

Inhalents / Solvents: Frequency Used in Past 30 Days?

(Provide number of days used.)

Marijuana: Age of First Use?

(Provide age in years.)

Marijuana: Frequency Used in Past 30 Days?

(Provide number of days used.)

Painkillers: Age of First Use?

(Provide age in years.)

Painkillers: Frequency Used in Past 30 Days?

(Provide number of days used.)

Sedatives: Age of First Use?

(Provide age in years.)

Sedatives: Frequency Used in Past 30 Days?

(Provide number of days used.)

Stimulants: Age of First Use?

(Provide age in years.)

Stimulants: Frequency Used in Past 30 Days?

(Provide number of days used.)

(If Other) Specify the substances the participant has
used in their lifetime:

Other non-prescribed medications or substances: Age of
First Use?

(Provide age in years.)

Other non-prescribed medications or substances:
Frequency Used in Past 30 Days?

(Provide number of days used.)

Drug Use - Core Instrument Version 2.0 Released September 2022
H3ABioNet & H3Africa Phenotype Standards