

Brief Screener for Tobacco, Alcohol, and Other Drugs (BSTAD)

In the PAST YEAR, on how many days did use nicotine or tobacco products (vape, smoke, chew, etc.)?

In the PAST YEAR, on how many days did you have more than a few sips of beer, wine, or any drink containing alcohol?

In the PAST YEAR, on how many days did you use marijuana (weed, blunts, hash, etc.)?

In the PAST YEAR, which of the following medications have you used that were not prescribed for you OR which you took more of than you were supposed to take?

- ☐ Over-the-Counter Medications (e.g., Nyquil, Benadryl, cough medicine, sleeping pills, etc.)
- ☐ Prescription Stimulants (e.g., Adderall, Ritalin, etc.)
- ☐ Prescription Sedatives (e.g., Valium, Xanax, Klonopin, Ativan, etc.)
- ☐ Prescription Pain Relievers (e.g., morphine, Percocet, Vicodin, OxyContin, Dilaudid, Methadone, buprenorphine, etc.)
- ☐ None of the above
((Check all that apply.))

In the PAST YEAR, on how many days did you use Over-the-Counter Medications (that you were not prescribed for you OR which you took more than you were supposed to take)?

In the PAST YEAR, on how many days did you use Prescription Stimulants (that you were not prescribed for you OR which you took more than you were supposed to take)?

In the PAST YEAR, on how many days did you use Prescription Sedatives (that you were not prescribed for you OR which you took more than you were supposed to take)?

In the PAST YEAR, on how many days did you use Prescription Pain Relievers (that you were not prescribed for you OR which you took more than you were supposed to take)?

In the PAST YEAR, which of the following substances have you used?

- ☐ Hallucinogens (e.g., magic mushrooms, LSD, etc.)
- ☐ Inhalants (e.g., huffing gasoline, glue, nitrous oxide, etc.)
- ☐ Amphetamines (non-medication)
- ☐ Cocaine
- ☐ Other
- ☐ None of the above
((Check all that apply.))

In the PAST YEAR, on how many days did you use Hallucinogens?

In the PAST YEAR, on how many days did you use
Inhalants?

In the PAST YEAR, on how many days did you use
Amphetamines?

In the PAST YEAR, on how many days did you use
Cocaine?

If other, please specify:

In the PAST YEAR, on how many days did you use
"[bstad_drugsoth_s1_r1_e1]"?
