

Have you used any substances in the past 7 days?

What substances have you used in the past 7 days?

In the last 7 days, on how many days did you smoke cigarettes?

How many cigarettes did you usually smoke each day?

On those days that you smoked, how many cigarettes did you usually have?

How many cigarettes did you have YESTERDAY?

In the last 7 days, on how many days did you use an e-cigarette (vape)?

On those days that you used an e-cigarette (vaped), how many times per day did you use it?

Each time you used an e-cigarette (vaped), how many puffs did you usually take?

Do you know the concentration of the liquid you mostly used in the last 7 days?

Please select the nicotine concentration of the liquid you usually used in the last 7 days.

Which of the following tobacco products did you use in the past 7 days? (Don't count cigarettes or e-cigarettes.)

In the last 7 days, on how many days did you use one of these other tobacco products?

In the last 7 days, on how many days did you drink any alcohol?

On those days that you drank alcohol, how many drinks did you usually have each day?

How many drinks did you have YESTERDAY?

In the last 7 days, on how many days did you have any marijuana or hashish?

On each day that you used marijuana, how many times per day did you use enough to feel the effects?

How many times YESTERDAY did you use enough marijuana to feel the effects?

How did you use marijuana during the last 7 days?

In the last 7 days, which of the following drugs did you use?

On how many of the past 7 days, did you use one or more of these drugs?

In the last 7 days, have you taken any medications prescribed by your doctor?

In the past 7 days, did you use any of your prescription medications MORE OFTEN or at HIGHER DOSES than your doctor prescribed?

Why did you take more medication than prescribed?

Which prescription medications did you take MORE OFTEN or at HIGHER DOSES than prescribed?