

# **COVID\_ASSIST\_pnr\_scoring\_correct**

## **Survey Flow**

**Block: Assist\_1 (3 Questions)**

**Branch: New Branch**

**If**

**If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Tobacco products (cigarettes, chewing tobacco, cigars, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Alcoholic beverages (beer, wine, spirits, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Cannabis (marijuana, pot, grass, hash, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Cocaine (coke, crack, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Inhalants (nitrous, glue, petrol, paint thinner, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Opioids (heroin, morphine, methadone, codeine, etc.) - Yes Is Selected**

**Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Other - specify: - Yes Is Selected**

**Standard: Assist\_2 (10 Questions)**

**Standard: Assist\_3 (10 Questions)**

**Standard: Assist\_4 (10 Questions)**

**Standard: Assist\_5 (10 Questions)**

**Standard: Assist\_6 (10 Questions)**

**Standard: Assist\_7 (10 Questions)**

**Branch: New Branch**

**If**

**If The following questionnaire asks about your lifetime and recent use of substances (tobacco, alcoh... Yes Is Selected**

**Standard: Assist\_8 (1 Question)**

**EmbeddedData**

**Assist\_tobacco\_raw = \${gr://SC\_3Jbz55IJy1pyUvz/Score}**

Assist\_EtOH\_raw = \${gr://SC\_9YayzB6U44jVR4N/Score}  
Assist\_THC\_raw = \${gr://SC\_3PKhmsXFp98kbdj/Score}  
Assist\_cocaine\_raw = \${gr://SC\_8eJjOshCg2zkju5/Score}  
Assist\_amphet\_raw = \${gr://SC\_1ZXppx0ukxJLIGJ/Score}  
Assist\_inhalants\_raw = \${gr://SC\_b6ZxvMdmjKjKnfD/Score}  
Assist\_sedative\_raw = \${gr://SC\_3CxXfl6Jw6bwV6t/Score}  
Assist\_hallucinogens\_raw = \${gr://SC\_cAYQETt9C79viER/Score}  
Assist\_opioids\_raw = \${gr://SC\_bBqnmEcitGJfscR/Score}  
Assist\_other\_raw = \${gr://SC\_9uAZTjbmBYmM9lb/Score}  
Assist\_injection = \${gr://SC\_5iFbpuatYrP7TZH/Score}

**Branch: New Branch**

If

If Assist\_tobacco\_raw Is Greater Than 998

Or In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY) Tobacco products (cigarettes, chewing tobacco, cigars, etc.) - Prefer not to respond Is Selected

EmbeddedData

Assist\_tobacco\_raw = NA

**Branch: New Branch**

If

If Assist\_EtOH\_raw Is Greater Than 998

Or In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY) Alcoholic beverages (beer, wine, spirits, etc.) - Prefer not to respond Is Selected

EmbeddedData

Assist\_EtOH\_raw = NA

**Branch: New Branch**

If

If Assist\_THC\_raw Is Greater Than 998

Or In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY) Cannabis (marijuana, pot, grass, hash, etc.) - Prefer not to respond Is Selected

EmbeddedData

Assist\_THC\_raw = NA

**Branch: New Branch**

If

If Assist\_cocaine\_raw Is Greater Than 998

Or In your life, which of the following substances have you ever used? (NON-MEDICAL USE ONLY) Cocaine (coke, crack, etc.) - Prefer not to respond Is Selected

EmbeddedData  
Assist\_cocaine\_raw = NA

Branch: New Branch

If

If Assist\_amphet\_raw Is Greater Than 998  
Or In your life, which of the following substances have you ever used? (NON--  
MEDICAL USE ONLY) Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) -  
Prefer not to respond Is Selected

EmbeddedData  
Assist\_amphet\_raw = NA

Branch: New Branch

If

If Assist\_inhalants\_raw Is Greater Than 998  
Or In your life, which of the following substances have you ever used? (NON--  
MEDICAL USE ONLY) Inhalants (nitrous, glue, petrol, paint thinner, etc.) - Prefer not to  
respond Is Selected

EmbeddedData  
Assist\_inhalants\_raw = NA

Branch: New Branch

If

If Assist\_sedative\_raw Is Greater Than 998  
Or In your life, which of the following substances have you ever used? (NON--  
MEDICAL USE ONLY) Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) -  
Prefer not to respond Is Selected

EmbeddedData  
Assist\_sedative\_raw = NA

Branch: New Branch

If

If Assist\_hallucinogens\_raw Is Greater Than 998  
Or In your life, which of the following substances have you ever used? (NON--  
MEDICAL USE ONLY) Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) -  
Prefer not to respond Is Selected

EmbeddedData  
Assist\_hallucinogens\_raw = NA

Branch: New Branch

If

If Assist\_opioids\_raw Is Greater Than 998

And In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Opioids (heroin, morphine, methadone, codeine, etc.) - Prefer not to respond Is Selected

EmbeddedData

Assist\_opioids\_raw = NA

Branch: New Branch

If

If Assist\_other\_raw Is Greater Than 998

Or In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY) Other - specify: - Prefer not to respond Is Selected

EmbeddedData

Assist\_other\_raw = NA

Branch: New Branch

If

If Assist\_injection Is Greater Than 998

EmbeddedData

Assist\_injection = NA

Page Break

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## Start of Block: Assist\_1

WHOA\_opt The following questionnaire asks about your lifetime and recent use of substances (tobacco, alcohol, cannabis, cocaine, amphetamines, etc ...). Taking this questionnaire causes no more risk than any screening tool you might complete in a routine medical assessment. However, some people may feel uncomfortable answering these questions, so you have the option to either skip items as you come to them or skip this questionnaire entirely.

If you choose to take this questionnaire, you will have an option answer "Prefer not to respond" for each item.

Alternately, you may choose to skip this questionnaire entirely and continue with the rest of this session. There is no penalty for skipping this questionnaire.

Do you agree to complete this questionnaire about your lifetime and recent use of substances?

☐ Yes (1)

☐ No (2)

*Skip To: End of Block If The following questionnaire asks about your lifetime and recent use of substances (tobacco, alcohol... = No*

---

WHOA\_instruct Thank you for agreeing to take part in this brief interview about alcohol, tobacco products and other drugs. The following questions ask about your experience of using these substances across your lifetime and in the past three months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in the form of pills (show drug card).

Some of the substances listed may be prescribed by a doctor (like amphetamines, sedatives, pain medications). For this questionnaire, do not record medications that are used as prescribed by your doctor. However, if you have taken such medications for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please report that in your answers. While we are also interested in knowing about your use of various illicit drugs, please be assured that information on such use will be treated as strictly confidential.

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**WHOA1 In your life, which of the following substances have you ever used? (NON--  
MEDICAL USE ONLY)**

	No (1)	Yes (2)	Prefer not to respond (3)
Tobacco products (cigarettes, chewing tobacco, cigars, etc.) (1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Alcoholic beverages (beer, wine, spirits, etc.) (2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cannabis (marijuana, pot, grass, hash, etc.) (3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (coke, crack, etc.) (4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) (5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Inhalants (nitrous, glue, petrol, paint thinner, etc.) (6)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) (7)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) (8)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Opioids (heroin, morphine, methadone, codeine, etc.) (9)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other - specify: (10)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

End of Block: Assist\_1

## Start of Block: Assist\_2

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Tobacco products (cigarettes, chewing tobacco, cigars, etc.) [ Yes ]*

WHOA2a In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco, cigars, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Alcoholic beverages (beer, wine, spirits, etc.) [ Yes ]*

WHOA2b In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-



*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Cannabis (marijuana, pot, grass, hash, etc.) [ Yes ]*

WHOA2c In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Cocaine (coke, crack, etc.) [ Yes ]*

WHOA2d In the past three months, how often have you used cocaine (coke, crack, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) [ Yes ]*

WHOA2e In the past three months, how often have you used amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Inhalants (nitrous, glue, petrol, paint thinner, etc.) [ Yes ]*

WHOA2f In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) [ Yes ]*

WHOA2g In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, Rohypnol, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) [ Yes ]*

WHOA2h In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

Display This Question:

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Opioids (heroin, morphine, methadone, codeine, etc.) [ Yes ]*

WHOA2i In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

Display This Question:

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Other - specify: [ Yes ]*

WHOA2j In the past three months, how often have you used  
\${WHOA1/ChoiceTextEntryValue/10}?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

End of Block: Assist\_2

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Start of Block: Assist\_3

*Display This Question:*

*If In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Once or twice*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Monthly*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Weekly*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Daily or almost daily*

WHOA3a During the past three months, how often have you had a strong desire or urge to use tobacco products (cigarettes, chewing tobacco, cigars, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Once or twice*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Monthly*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Weekly*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Daily or almost daily*

WHOA3b During the past three months, how often have you had a strong desire or urge to use alcoholic beverages (beer, wine, spirits, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Once or twice*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Monthly*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Weekly*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Daily or almost daily*

WHOA3c During the past three months, how often have you had a strong desire or urge to use cannabis (marijuana, pot, grass, hash, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

*Display This Question:*

*If In the past three months, how often have you used cocaine (coke, crack, etc.)? = Once or twice*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Monthly*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Weekly*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Daily or almost daily*

WHOA3d During the past three months, how often have you had a strong desire or urge to use cocaine (coke, crack, etc.)?

☐ Never (1)

☐ Once or twice (2)

☐ Monthly (3)

☐ Weekly (4)

☐ Daily or almost daily (5)

☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Once or twice*

*Or In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Monthly*

*Or In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Weekly*

*Or In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Daily or almost daily*

WHOA3e During the past three months, how often have you had a strong desire or urge to use amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Once or twice*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Monthly*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Weekly*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Daily or almost daily*

WHOA3f During the past three months, how often have you had a strong desire or urge to use inhalants (nitrous, glue, petrol, paint thinner, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-



*Display This Question:*

*If In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Once or twice*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Monthly*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Weekly*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Daily or almost daily*

WHOA3g During the past three months, how often have you had a strong desire or urge to use sedatives or sleeping Pills (Valium, Serepax, Rohypnol, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Once or twice*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Monthly*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Weekly*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Daily or almost daily*

WHOA3h During the past three months, how often have you had a strong desire or urge to use hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Once or twice*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Monthly*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Weekly*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Daily or almost daily*

WHOA3i During the past three months, how often have you had a strong desire or urge to use opioids (heroin, morphine, methadone, codeine, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

Display This Question:

*If In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Once or twice*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Monthly*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Weekly*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Daily or almost daily*

WHOA3j During the past three months, how often have you had a strong desire or urge to use  
\${WHOA1/ChoiceTextEntryValue/10}?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

End of Block: Assist\_3

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Start of Block: Assist\_4

Display This Question:

*If In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Once or twice*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Monthly*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Weekly*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Daily or almost daily*

WHOA4a During the past three months, how often has your use of tobacco products (cigarettes, chewing tobacco, cigars, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Once or twice*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Monthly*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Weekly*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Daily or almost daily*

WHOA4b

During the past three months, how often has your use of alcoholic beverages (beer, wine, spirits, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

*Display This Question:*

*If In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Once or twice*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Monthly*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Weekly*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Daily or almost daily*

WHOA4c

During the past three months, how often has your use of cannabis (marijuana, pot, grass, hash, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used cocaine (coke, crack, etc.)? = Once or twice*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Monthly*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Weekly*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Daily or almost daily*

#### WHOA4d

During the past three months, how often has your use of cocaine (coke, crack, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Once or twice*

*And In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Monthly*

*And In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Weekly*

*And In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Daily or almost daily*

#### WHOA4e

During the past three months, how often has your use of amphetamine type stimulants (speed, diet pills, ecstasy, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Once or twice*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Monthly*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Weekly*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Daily or almost daily*

WHOA4f

During the past three months, how often has your use of inhalants (nitrous, glue, petrol, paint thinner, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Once or twice*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Monthly*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Weekly*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Daily or almost daily*

#### WHOA4g

During the past three months, how often has your use of sedatives or sleeping Pills (Valium, Serepax, Rohypnol, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Once or twice*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Monthly*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Weekly*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Daily or almost daily*

#### WHOA4h

During the past three months, how often has your use of hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)



---

*Display This Question:*

*If In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Once or twice*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Monthly*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Weekly*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Daily or almost daily*

WHOA4i

During the past three months, how often has your use of opioids (heroin, morphine, methadone, codeine, etc.) led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Once or twice*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Monthly*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Weekly*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Daily or almost daily*

WHOA4j During the past three months, how often has your use of  
\${WHOA1/ChoiceTextEntryValue/10} led to health, social, legal or financial problems?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

End of Block: Assist\_4

---

Start of Block: Assist\_5

*Display This Question:*

*If In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Once or twice*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Monthly*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Weekly*

*Or In the past three months, how often have you used tobacco products (cigarettes, chewing tobacco,... = Daily or almost daily*

WHOA5a During the past three months, how often have you failed to do what was normally expected of you because of your use of tobacco products (cigarettes, chewing tobacco, cigars, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Once or twice*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Monthly*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Weekly*

*Or In the past three months, how often have you used alcoholic beverages (beer, wine, spirits, etc.)? = Daily or almost daily*

WHOA5b During the past three months, how often have you failed to do what was normally expected of you because of your use of alcoholic beverages (beer, wine, spirits, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

*Display This Question:*

*If In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Once or twice*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Monthly*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Weekly*

*Or In the past three months, how often have you used cannabis (marijuana, pot, grass, hash, etc.)? = Daily or almost daily*

WHOA5c During the past three months, how often have you failed to do what was normally expected of you because of your use of cannabis (marijuana, pot, grass, hash, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used cocaine (coke, crack, etc.)? = Once or twice*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Monthly*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Weekly*

*Or In the past three months, how often have you used cocaine (coke, crack, etc.)? = Daily or almost daily*

WHOA5d During the past three months, how often have you failed to do what was normally expected of you because of your use of cocaine (coke, crack, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
- 

*Display This Question:*

*If In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Once or twice*

*Or In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Monthly*

*Or In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Weekly*

*Or In the past three months, how often have you used amphetamine type stimulants (speed, diet pills,... = Daily or almost daily*

WHOA5e During the past three months, how often have you failed to do what was normally expected of you because of your use of amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?

- ☐ Never (1)
  - ☐ Once or twice (2)
  - ☐ Monthly (3)
  - ☐ Weekly (4)
  - ☐ Daily or almost daily (5)
  - ☐ Prefer not to respond (6)
-

*Display This Question:*

*If In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Once or twice*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Monthly*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Weekly*

*Or In the past three months, how often have you used inhalants (nitrous, glue, petrol, paint thinner... = Daily or almost daily*

WHOA5f During the past three months, how often have you failed to do what was normally expected of you because of your use of inhalants (nitrous, glue, petrol, paint thinner, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Once or twice*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Monthly*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Weekly*

*Or In the past three months, how often have you used sedatives or sleeping Pills (Valium, Serepax, R... = Daily or almost daily*

WHOA5g During the past three months, how often have you failed to do what was normally expected of you because of your use of sedatives or sleeping Pills (Valium, Serepax, Rohypnol, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Once or twice*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Monthly*

*Or In the past three months, how often have you used hallucinogens (LSD, acid, mushrooms, PCP, Speci... = Weekly*

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WHOA5h During the past three months, how often have you failed to do what was normally expected of you because of your use of hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Once or twice*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Monthly*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Weekly*

*Or In the past three months, how often have you used opioids (heroin, morphine, methadone, codeine,... = Daily or almost daily*

WHOA5i During the past three months, how often have you failed to do what was normally expected of you because of your use of opioids (heroin, morphine, methadone, codeine, etc.)?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

---

*Display This Question:*

*If In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Once or twice*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Monthly*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Weekly*

*Or In the past three months, how often have you used  
\${q://QID1311878378/ChoiceTextEntryValue/10}? = Daily or almost daily*



WHOA5j During the past three months, how often have you failed to do what was normally expected of you because of your use of \${WHOA1/ChoiceTextEntryValue/10}?

- ☐ Never (1)
- ☐ Once or twice (2)
- ☐ Monthly (3)
- ☐ Weekly (4)
- ☐ Daily or almost daily (5)
- ☐ Prefer not to respond (6)

End of Block: Assist\_5

---

Start of Block: Assist\_6

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Tobacco products (cigarettes, chewing tobacco, cigars, etc.) [ Yes ]*

WHOA6a Has a friend or relative or anyone else ever expressed concern about your use of tobacco products (cigarettes, chewing tobacco, cigars, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Alcoholic beverages (beer, wine, spirits, etc.) [ Yes ]*

WHOA6b Has a friend or relative or anyone else ever expressed concern about your use of alcoholic beverages (beer, wine, spirits, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Cannabis (marijuana, pot, grass, hash, etc.) [ Yes ]*

WHOA6c Has a friend or relative or anyone else ever expressed concern about your use of cannabis (marijuana, pot, grass, hash, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Cocaine (coke, crack, etc.) [ Yes ]*

WHOA6d Has a friend or relative or anyone else ever expressed concern about your use of cocaine (coke, crack, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) [ Yes ]*

WHOA6e Has a friend or relative or anyone else ever expressed concern about your use of amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Inhalants (nitrous, glue, petrol, paint thinner, etc.) [ Yes ]*

WHOA6f Has a friend or relative or anyone else ever expressed concern about your use of inhalants (nitrous, glue, petrol, paint thinner, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) [ Yes ]*

WHOA6g Has a friend or relative or anyone else ever expressed concern about your use of sedatives or sleeping Pills (Valium, Serepax, Rohypnol, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) [ Yes ]*

WHOA6h Has a friend or relative or anyone else ever expressed concern about your use of hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Opioids (heroin, morphine, methadone, codeine, etc.) [ Yes ]*

WHOA6i Has a friend or relative or anyone else ever expressed concern about your use of opioids (heroin, morphine, methadone, codeine, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Other - specify: [ Yes ]*

WHOA6j Has a friend or relative or anyone else ever expressed concern about your use of [\\${WHOA1/ChoiceTextEntryValue/10}](#)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

End of Block: Assist\_6

---

Start of Block: Assist\_7

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Tobacco products (cigarettes, chewing tobacco, cigars, etc.) [ Yes ]*

WHOA7a Have you ever tried and failed to control, cut down or stop using tobacco products (cigarettes, chewing tobacco, cigars, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Alcoholic beverages (beer, wine, spirits, etc.) [ Yes ]*

WHOA7b Have you ever tried and failed to control, cut down or stop using alcoholic beverages (beer, wine, spirits, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Cannabis (marijuana, pot, grass, hash, etc.) [ Yes ]*

WHOA7c Have you ever tried and failed to control, cut down or stop using cannabis (marijuana, pot, grass, hash, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Cocaine (coke, crack, etc.) [ Yes ]*

WHOA7d Have you ever tried and failed to control, cut down or stop using cocaine (coke, crack, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Amphetamine type stimulants (speed, diet pills, ecstasy, etc.) [ Yes ]*

WHOA7e Have you ever tried and failed to control, cut down or stop using amphetamine type stimulants (speed, diet pills, ecstasy, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Inhalants (nitrous, glue, petrol, paint thinner, etc.) [ Yes ]*



WHOA7f Have you ever tried and failed to control, cut down or stop using inhalants (nitrous, glue, petrol, paint thinner, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Sedatives or Sleeping Pills (Valium, Serepax, Rohypnol, etc.) [ Yes ]*

WHOA7g Have you ever tried and failed to control, cut down or stop using sedatives or sleeping Pills (Valium, Serepax, Rohypnol, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.) [ Yes ]*

WHOA7h Have you ever tried and failed to control, cut down or stop using hallucinogens (LSD, acid, mushrooms, PCP, Special K, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Opioids (heroin, morphine, methadone, codeine, etc.) [ Yes ]*

WHOA7i Have you ever tried and failed to control, cut down or stop using opioids (heroin, morphine, methadone, codeine, etc.)?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

---

*Display This Question:*

*If In your life, which of the following substances have you ever used? (NON--MEDICAL USE ONLY)  
= Other - specify: [ Yes ]*

WHOA7j Have you ever tried and failed to control, cut down or stop using  
\${WHOA1/ChoiceTextEntryValue/10}?

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

End of Block: Assist\_7

---

Start of Block: Assist\_8

WHOA8 Have you ever used any drug by injection? (NON-MEDICAL USE ONLY)

- ☐ No, never (1)
- ☐ Yes, in the past 3 months (2)
- ☐ Yes, but not in the past 3 months (3)
- ☐ Prefer not to respond (4)

End of Block: Assist\_8

---