

# COVID\_Monthly\_Substance\_Use

## Survey Flow

Block: Monthly\_Substance\_Use (2 Questions)

Page Break

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Start of Block: Monthly\_Substance\_Use

MoSU1 Within the last 30 days, on how many days did you use:

	1-2 days (1)	3-5 days (2)	6-9 days (3)	10-19 days (4)	20-29 days (5)	Used daily (6)	Have used, but not in the last 30 days (7)	Never used (8)
Cigarettes (1)	<input type="radio"/>	<input type="radio"/>						
E-cigarettes (2)	<input type="radio"/>	<input type="radio"/>						
Tobacco from a water pipe (hookah) (3)	<input type="radio"/>	<input type="radio"/>						
Cigars, little cigars, clove cigarettes (4)	<input type="radio"/>	<input type="radio"/>						
Smokeless tobacco (5)	<input type="radio"/>	<input type="radio"/>						
Alcohol (beer, wine, liquor) (6)	<input type="radio"/>	<input type="radio"/>						
Marijuana (pot, weed, hashish, hash oil) (7)	<input type="radio"/>	<input type="radio"/>						
Cocaine (crack, rock, freebase) (8)	<input type="radio"/>	<input type="radio"/>						
Methamphetamine (crystal meth, ice, crank) (9)	<input type="radio"/>	<input type="radio"/>						
Other amphetamines (diet pills, adderall etc. ) (10)	<input type="radio"/>	<input type="radio"/>						

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MoSU2 Within the last 30 days, on how many days did you use:

	1-2 days (1)	3-5 days (2)	6-9 days (3)	10-19 days (4)	20-29 days (5)	Used daily (6)	Have used, but not in the last 30 days (7)	Never used (8)
Sedatives (downers) (1)	<input type="radio"/>	<input type="radio"/>						
Hallucinogenes (LSD, PCP) (2)	<input type="radio"/>	<input type="radio"/>						
Anabolic Steroids (Testosterone) (3)	<input type="radio"/>	<input type="radio"/>						
Opiates (heroin, opium, codeine, oxycodone) (4)	<input type="radio"/>	<input type="radio"/>						
Inhalants (glue, solvents, gas) (5)	<input type="radio"/>	<input type="radio"/>						
MDMA (Ecstasy) (6)	<input type="radio"/>	<input type="radio"/>						
Other club drugs (GHB, Ketamine, Rohypnol) (7)	<input type="radio"/>	<input type="radio"/>						
Other - specify: (8)	<input type="radio"/>	<input type="radio"/>						

End of Block: Monthly\_Substance\_Use