The questions below ask about your use of the following substances over the past two (2) weeks.

Please remember all of your answers are confidential and will not be shared outside of the research team

1. In the past TWO (2) WEEKS, have you had an alcoholic beverage (beer, wine, liquor, etc.)?

\_ 1 Yes \_ 0 No

*Ask if response to question 1 is YES*

During the past TWO (2) weeks, about how often did you …

1.01. Have an alcoholic beverage (beer, wine, liquor, etc.)?

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

1.02. Have 4 or more drinks in a single day?

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

2. In the past TWO (2) WEEKS, have you smoked a cigarette, a cigar, or pipe, used snuff or chewing tobacco, or used nicotine vapes or e-cigs?

\_ 1 Yes \_ 0 No

*Ask if response to question 2 is YES*

2.01. During the past TWO (2) weeks, about how often did you smoke a cigarette, a cigar, a pipe, or use snuff or chewing tobacco, or used nicotine vapes or e-cigs?

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

3. In the past TWO (2) WEEKS, have you used any medicine without a doctor’s prescription to get high or change the way you feel (e.g., painkillers [like Vicodin], stimulants [like Ritalin or Adderall], sedatives or tranquilizers [like sleeping pills or Valium], or steroids)?

\_ 1 Yes \_ 0 No

4. During the past TWO (2) weeks, about how often did you use any of the following medicines ON YOUR OWN, that is, without a doctor’s prescription *or* in greater amounts or longer than prescribed?

4a. Painkillers (like Vicodin)?

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

4b. Stimulants (like Ritalin, Adderall)?

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

4c. Sedatives or tranquilizers (like sleeping pills or Valium)?

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

4d. Steroids

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

4e. Other medicines

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5. In the past TWO (2) WEEKS, have you used drugs like marijuana, cocaine or crack, club drugs (like Ecstasy), hallucinogens (like LSD), heroin, inhalants or solvents (like glue), or methamphetamine (like speed)?

\_ 1 Yes \_ 0 No

*Ask if response to question 5 is YES*

During the past TWO (2) weeks, about how often did you use any of the following drugs?

5.01. Marijuana

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5.02. Cocaine or crack

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5.03. Club drugs (like ecstacy)

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5.04. Hallucinogens (like LSD)

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5.05. Heroin

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5.06. Inhalers or solvents (like glue)

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

5.07. Methamphetamine (like speed)

\_ 0 Not at all

\_ 1 Less than a day or two

\_ 2 Several days

\_ 3 More than half the days

\_ 4 Nearly every day

6. *Ask if response to 4a is > 0*

Now think about the last time you used prescription painkillers in any way a doctor did not direct you to use it/them. What were the reason(s) you used these the last time? (Mark all that apply)

6.01 To relieve physical pain \_ 0 No \_ 1 Yes

6.02 To relax or relieve tension \_ 0 No \_ 1 Yes

6.03 To experiment or to see what it's/they're like \_ 0 No \_ 1 Yes

6.04 To feel good or get high \_ 0 No \_ 1 Yes

6.05 To help with my sleep \_ 0 No \_ 1 Yes

6.06 To help me with my feelings or emotions \_ 0 No \_ 1 Yes

6.07 Because I am "hooked" or I have to have it/them \_ 0 No \_ 1 Yes

6.08 I used it/them for some other reason \_ 0 No \_ 1 Yes

Reference

American Psychiatric Association (APA). (2015). Adapted NIDA Modified ASSIST Tools. Available at https://www.drugabuse.gov/nidamed-medical-health-professionals/screening-tools-resources/american-psychiatric-association-adapted-nida-modified-assist-tools