

CARDIA V

E17EXDAT___/___/___
exam date

We are going to ask you a variety of questions related to drug use for any non-medical reasons. Your responses will be kept completely confidential.

1. Have you ever used marijuana? **E17MARIJ**1 ☐ No ———> (GO TO QUESTION 4)2 ☐ Yes ———> About how many times in your lifetime have you used marijuana? **E17LIFE**1 ☐ 1 or 2 times2 ☐ 3 to 10 times3 ☐ 11 to 99 times4 ☐ 100 to 499 times5 ☐ 500 or more times2. During the last 30 days on how many days did you use marijuana? (IF YOU DID NOT USE IT IN THE LAST 30 DAYS, WRITE "00".) **E17MJ30D**

___ days

3. During the last 30 days, if you used marijuana, what was the usual number of joints or pipe fulls you smoked per day? (IF YOU DID NOT USE IT IN THE LAST 30 DAYS, WRITE "00".)

E17JOINT

___ joints or pipe fulls per day

4. Have you ever used crack? **E17CRACK**1 ☐ No ———> (GO TO QUESTION 6)2 ☐ Yes ———> About how many times in your lifetime have you used crack? **E17LIFEC**1 ☐ 1 or 2 times2 ☐ 3 to 10 times3 ☐ 11 to 99 times4 ☐ 100 or 499 times5 ☐ 500 or more times

5. During the last 30 days, on how many days did you use crack?
(IF YOU DID NOT USE IT IN THE LAST 30 DAYS, WRITE "00" AND
SKIP TO QUESTION 6.) **E17CK30D**

___ days —> (IF NOT "00")

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How did you take it?
(CHECK ALL THAT APPLY.)

- ☐ **E17CKEAT**
2 Swallow or eat
☐ **E17CKSNT**
2 Snort/sniff
☐ **E17CKNDL**
2 By needle
☐ **E17CKSMK**
2 Smoke

6. Have you ever used other forms of cocaine that are not crack
(including powder, free base, and coca paste)? **E17COCA**

1 ☐ No ———> (GO TO QUESTION 8)

2 ☐ Yes ———> About how many times in your lifetime
E17LIFCO have you used other forms of cocaine?

- 1 ☐ 1 or 2 times
2 ☐ 3 to 10 times
3 ☐ 11 to 99 times
4 ☐ 100 to 499 times
5 ☐ 500 or more times

7. During the last 30 days, on how many days did you use other
forms of cocaine? (IF YOU DID NOT USE IT IN THE LAST 30
DAYS, WRITE "00".) **E17CO30D**

___ days

8. Have you ever used amphetamines ("Speed" or "Uppers")?
E17SPEED

1 ☐ No ———> (GO TO QUESTION 10)

2 ☐ Yes ———> About how many times in your lifetime
E17LIFES have you used amphetamines?

- 1 ☐ 1 or 2 times
2 ☐ 3 to 10 times
3 ☐ 11 to 99 times
4 ☐ 100 to 499 times
5 ☐ 500 or more times

9. During the last 30 days, on how many days did you use amphetamines? (IF YOU DID NOT USE IT IN THE LAST 30 DAYS, WRITE "00" AND SKIP TO QUESTION 10.) **E17SP30D**

___ days —> (IF NOT "00")

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How did you take it?
(CHECK ALL THAT APPLY.)

- 2 ☐ **E17SPEAT**
Swallow or eat
- 2 ☐ **E17SPSNT**
Snort/sniff
- 2 ☐ **E17SPNDL**
By needle
- 2 ☐ **E17SPSMK**
Smoke

10. Have you ever used opiates (Heroin, Dilaudid, Morphine, Demerol)? **E17HEROI**

1 ☐ No ———> (GO TO QUESTION 12)

2 ☐ Yes ———> About how many times in your lifetime
have you used opiates? **E17LIFEH**

- 1 ☐ 1 or 2 times
- 2 ☐ 3 to 10 times
- 3 ☐ 11 to 99 times
- 4 ☐ 100 to 499 times
- 5 ☐ 500 or more times

Which opiate(s) have you used
(CHECK ALL THAT APPLY.):

- 2 ☐ **E17HEHER**
Heroin
- 2 ☐ **E17HEDIL**
Dilaudid
- 2 ☐ **E17HEMOR**
Morphine
- 2 ☐ **E17HEDEM**
Demorol
- 2 ☐ **E17HEOTH**
Other

11. During the last 30 days, on how many days did you use any opiates? (IF YOU DID NOT USE IT IN THE LAST 30 DAYS, WRITE "00" AND SKIP TO QUESTION 12.) **E17HE30D**

___ days —> (IF NOT "00")

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How did you take it?
(CHECK ALL THAT APPLY.)

- 2 ☐ **E17HEEAT**
Swallow or eat
- 2 ☐ **E17HESNT**
Snort/sniff
- 2 ☐ **E17HENDL**
By needle
- 2 ☐ **E17HESMK**
Smoke

12. Have you ever used a needle to inject any of the following drugs for non-medical purposes? (CHECK YES OR NO FOR EACH ITEM.)

No Yes

- 1 ☐ 2 ☐ Cocaine **E17NDLCO**
- 1 ☐ 2 ☐ Amphetamines ("Speed" or "Uppers") **E17NDLSP**
- 1 ☐ 2 ☐ Opiates (Heroin, Dilaudid, Morphine, Demerol)
E17NDLHE

E17IVID INTERVIEWER ID