

Start of Block: Substance Use

text5 Now we are going to ask you some questions about your use of tobacco, cannabis, and other substances.



smoke On how many of the past 30 days did you smoke tobacco cigarettes or vape an e-cigarette?

Please enter a number, and put 0 if none.

Display This Question:

If On how many of the past 30 days did you smoke tobacco cigarettes or vape an e-cigarette? Please e... Text Response Is Greater Than 0



smoke_day On the average, on those days, how many cigarettes did you usually smoke each day?

Enter the number of cigarettes per day.



USAUDIT1

In the past month, how often did you have a drink containing alcohol?

A drink means one beer, one small glass of wine (5 oz.), or one mixed drink containing one shot (1.5 oz.) of spirits.

- Never (0)
- Less than monthly (1)
- Monthly (2)
- Weekly (3)
- 2 to 3 times a week (4)
- 4 to 6 times a week (5)
- Daily (6)

Display This Question:

If In the past month, how often did you have a drink containing alcohol? A drink means one beer,... != Never

X→

USAUDIT2 In the past month, how many drinks containing alcohol did you have on a typical day when you were drinking?

- 1 drink (0)
- 2 drinks (1)
- 3 drinks (2)
- 4 drinks (3)
- 5-6 drinks (4)
- 7-8 drinks (5)
- 10 or more (6)

Display This Question:

If in the past month, how often did you have a drink containing alcohol? A drink means one beer,... != Never



USAUDIT3

If you were born **female**: In the past month, how often did you have 4 or more drinks on one occasion?

If you were born **male**: In the past month, how often did you have 5 or more drinks on one occasion?

- Never (0)
 - Less than monthly (1)
 - Monthly (2)
 - Weekly (3)
 - 2-3 times a week (4)
 - 4-6 times a week (5)
 - Daily (6)
-



cann_smoke In the past month, how often did you smoke or vape cannabis/marijuana?

- Daily (1)
 - Weekly (2)
 - Less than weekly but more than once (3)
 - Once (4)
 - Never (5)
 - Decline to answer (99)
-



cann_eat In the past month, how often did you use cannabis/marijuana in other ways that are not smoking or vaping (eat, dab, drink)?

- Daily (1)
- Weekly (2)
- Less than weekly but more than once (3)
- Once (4)
- Never (5)
- Decline to answer (99)



subuse In the past month, how often did you use each of the following?

	Daily (1)	Weekly (2)	Less than weekly but more than once (3)	Once (4)	Never (5)
Meth (glass, crystal, amphetamine, tina, speed) (subuse_1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) < 5



subuse_interact In the past month, how many people outside your household did you interact with to obtain or use drugs?

Enter the number of people, and put 0 if none.

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



subuse_mode In the past month, how did you use... **(check all that apply)**

	Smoked (1)	Snorted (2)	Ate/Swallowed (3)	Anal Insertion (4)	Injected (5)
Meth (glass, crystal, amphetamine, tina, speed) (subuse_mode_x1)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_mode_x2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin (smack, harry, rock, skag) (subuse_mode_x3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_mode_x4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_mode_x5)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Display This Question:

If In the past month, how did you use... (check all that apply) = Injected



subuse_inject In the past month, how many people have you typically injected drugs with?

Enter the number of people, and put 0 if none.

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



subuse_price What have you noticed about the price of the following drugs in the past month?

	Price Going Up (1)	Price Going Down (2)	About the Same (3)
Meth (glass, crystal, amphetamine, tina, speed) (subuse_price_x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_price_x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_price_x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_price_x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_price_x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"

X→

subuse_quality What have you noticed about the quality of the following drugs in the past month?

	Worse Quality (1)	Better Quality (2)	About the Same (3)
Meth (glass, crystal, amphetamine, tina, speed) (subuse_quality_x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (subuse_quality_x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (subuse_quality_x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (subuse_quality_x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (subuse_quality_x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"

X→

subuse_access What changes, if any, have you noticed regarding your ability to get the following drugs in the past month?

	Harder to Get (1)	Easier to Get (2)	About the Same (3)
Meth (glass, crystal, amphetamine, tina, speed) (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) <= 4

Carry Forward Unselected Choices from "In the past month, how often did you use each of the following?"



subuse_frequency What changes, if any, have you noticed regarding your use of the following drugs in the past month?

	I use a lot more (1)	I use more (2)	About the Same (3)	I use less (4)	I use a lot less (5)
Meth (glass, crystal, amphetamine, tina, speed) (x1)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cocaine (blow, coke, toot, candy, snow) (x2)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Heroin (smack, harry, rock, skag) (x3)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fentanyl (Percopop, Apache, China girl, China white) (x4)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Prescription Opioids (hydrocodone, Vicodin, oxycodone, OxyContin, Percocet) (x5)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



treat Are you currently receiving treatment for substance use, including alcohol?

- Yes (1)
- No (2)
- Decline to answer (99)





treat_program Are you currently participating in a 12-step program like AA, NA, CA?

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If Are you currently participating in a 12-step program like AA, NA, CA? = Yes
Or Are you currently receiving treatment for substance use, including alcohol? = Yes



treat_program_cancel Has your program had any cancellations of meetings or service due to the COVID-19 pandemic in the past month?

- Yes (1)
- No (2)
- Don't know (3)
- Decline to answer (99)

Display This Question:

If Are you currently participating in a 12-step program like AA, NA, CA? = Yes
Or Are you currently receiving treatment for substance use, including alcohol? = Yes



treat_program_alt Did your program offer you any alternatives to meetings like phone calls or internet support in the past month? (For example, Zoom calls)

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (99)
-



treat_methadone Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl, etc)?

- Yes (1)
 - No (2)
 - Decline to answer (99)
-

Display This Question:

If Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl,... = Yes



treat_methadone_canc Has the clinic or service-provider from which you receive your methadone or other opioid use disorder medication had an interruption of services in the past month due to the COVID-19 pandemic?

- Yes (1)
 - No (2)
 - Don't know (3)
 - Decline to answer (99)
-

Display This Question:

If Are you on methadone or other medications for treatment of opioid use disorder (heroin, fentanyl,... = Yes



treat_methadone_tele Are you currently receiving telemedicine visits from your methodone/suboxone/buprenorphine provider?

- Yes (1)
- No (2)
- Decline to answer (99)

Display This Question:

If Are you currently receiving treatment for substance use, including alcohol? = Yes



treat_subuse In the past month, how much has the COVID-19 pandemic interrupted the care you receive from others (e.g., counselor, therapist, support groups) for substance use addiction (e.g., alcohol, tobacco, cocaine)?

- Not at all (1)
- A little bit (2)
- Somewhat (3)
- Quite a bit (4)
- Extremely (5)
- I don't receive substance use disorder services (6)
- Decline to answer (99)

Display This Question:

If In the past month, how often did you use each of the following? [Never] (Count) < 5



overdose In the past month, have you had an overdose? I.e., had a negative reaction from using too much drugs or a drug that was stronger than you thought. This includes a situation where you passed out and couldn't wake up or your lips turned blue, or you were revived by someone else (i.e., they shook you awake, provided oxygen, or gave you naloxone).

- Yes (1)
- No (2)
- Decline to answer (99)

End of Block: Substance Use
