

Please remember your answers are anonymous.

# PFS2020 Module

The next questions are about your recent use of substances. Please read the descriptions of the substances carefully so that you can answer accurately.

<p><b>Methamphetamine, also known as crank, ice, crystal meth, speed, glass, and many other names, is a stimulant that usually comes in crystal or powder forms. It can be smoked, "snorted," swallowed or injected.</b></p>		
1.	<p>During the past 12 months, how many times did you use methamphetamine?</p>	<p><input type="checkbox"/> None; I have never used methamphetamine  <input type="checkbox"/> None; I did not use methamphetamine in the past 12 months  <input type="checkbox"/> 1 or 2 times  <input type="checkbox"/> 3 to 9 times  <input type="checkbox"/> 10 to 19 times  <input type="checkbox"/> 20 to 39 times  <input type="checkbox"/> 40 or more times</p>
<p><b>The next questions are about heroin and fentanyl (i.e., blues). They can be used in many ways, including being smoked, "snorted," or injected with a needle.</b></p>		
2.	<p>How many days did you use heroin during the past 30 days?</p>	<p><input type="checkbox"/> None; I have never used heroin  <input type="checkbox"/> None; I did not use heroin in the past 30 days  <input type="checkbox"/> 1 or 2 days  <input type="checkbox"/> 3 to 10 days  <input type="checkbox"/> 11 to 20 days  <input type="checkbox"/> 21 to 30 days</p>
3.	<p>How many days did you use fentanyl during the past 30 days?</p>	<p><input type="checkbox"/> None; I have never used fentanyl  <input type="checkbox"/> None; I did not use fentanyl in the past 30 days  <input type="checkbox"/> 1 or 2 days  <input type="checkbox"/> 3 to 10 days  <input type="checkbox"/> 11 to 20 days  <input type="checkbox"/> 21 to 30 days</p>
<p><b>These next two questions are about use of two or more of the following substances on an occasion (within an hour or two of each other or at the same time): alcohol, prescription pain relievers (such as hydrocodone, oxycodone, propoxyphene, tramadol, codeine, morphine, or buprenorphine), fentanyl, heroin, methamphetamine, cocaine, or a prescription sedative or tranquilizer (such as diazepam (Valium), alprazolam (Xanax), or clonazepam (Klonopin), among others)</b></p>		
4.	<p>During the past 30 days, how many days did you use two or more substances on an occasion (substances includes alcohol)</p>	<p><input type="checkbox"/> None; I did not use two or more substances on an occasion <u>in the past 30 days</u>  <input type="checkbox"/> 1 or 2 days  <input type="checkbox"/> 3 to 10 days  <input type="checkbox"/> 11 to 20 days  <input type="checkbox"/> 21 to 30 days</p>

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5.	During the past 30 days, how many days did you use alcohol with any other substances within an hour or two?	<input type="checkbox"/> None; I did not use alcohol with any other substances within an hour or two <u>in the past 30 days</u> <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 10 days <input type="checkbox"/> 11 to 20 days <input type="checkbox"/> 21 to 30 days
6.	During the past 30 days, how many days did you use alcohol with prescription opioids (such as hydrocodone or oxycodone) and/or prescription benzodiazepines (such as Xanax or Klonopin) within an hour or two?"	<input type="checkbox"/> None; I have not used alcohol with prescription opioids or benzodiazepines within an hour or two <u>in the past 30 days</u> <input type="checkbox"/> 1 or 2 days <input type="checkbox"/> 3 to 10 days <input type="checkbox"/> 11 to 20 days <input type="checkbox"/> 21 to 30 days

ONLINE USE ONLY