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| **Drug Use** |

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| **Drug Use** | | | |
| The next questions ask about your use of drugs. | | | |
| **Question** | **Response** | | **Code** |
| Have you ever used cannabis?  *(USE SHOWCARD OR SHOW EXAMPLES)* | Yes | 1 | DU1a |
| No | 2 *If no, go to DU2a* |
| Refused | 88 |
| Have you used cannabis **in the past 12 months**? | Yes | 1 | DU1b |
| No | 2 |
| Refused | 88 |
| **How frequently** have you used cannabis in the **past 12 months**? | Daily or almost daily | 1 | DU1c |
| 1-4 times per week | 2 |
| 1-3 times per month | 3 |
| Less than once a month | 4 |
| Refused | 88 |
| Have you ever used heroin or other opioids?  *(USE SHOWCARD OR SHOW EXAMPLES)* | Yes | 1 | DU2a |
| No | 2 *If no, go to DU3a* |
| Refused | 88 |
| Have you used heroin or other opioids **in the past 12 months**? | Yes | 1 | DU2b |
| No | 2 |
| Refused | 88 |
| **How frequently** have you used heroin or other opioids in the **past 12 months**? | Daily or almost daily | 1 | DU2c |
| 1-4 times per week | 2 |
| 1-3 times per month | 3 |
| Less than once a month | 4 |
| Refused | 88 |
| Have you ever used cocaine?  *(USE SHOWCARD OR SHOW EXAMPLES)* | Yes | 1 | DU3a |
| No | 2 *If no, go to DU4a* |
| Refused | 88 |
| Have you used cocaine **in the past 12 months**? | Yes | 1 | DU3b |
| No | 2 |
| Refused | 88 |
| **How frequently** have you used cocaine in the **past 12 months**? | Daily or almost daily | 1 | DU3c |
| 1-4 times per week | 2 |
| 1-3 times per month | 3 |
| Less than once a month | 4 |
| Refused | 88 |
| Have you ever used amphetamines or other stimulants?  *(USE SHOWCARD OR SHOW EXAMPLES)* | Yes | 1 | DU4a |
| No | 2 *If no, go to DU6* |
| Refused | 88 |
| Have you used amphetamines or other stimulants **in the past 12 months**? | Yes | 1 | DU4b |
| No | 2 |
| Refused | 88 |
| **How frequently** have you used amphetamines or other stimulants in the **past 12 months**? | Daily or almost daily | 1 | DU4c |
| 1-4 times per week | 2 |
| 1-3 times per month | 3 |
| Less than once a month | 4 |
| Refused | 88 |
| Have you used prescription medicines **in the past 12 months** to get high or feel good? | Yes | 1 | DU5 |
| No | 2 |
| Refused | 88 |
| Have you used synthetic cannabinoids or synthetic cathinones **in the past 12 months**?  *[INSERT COUNTRY SPECIFIC TERMS]* | Yes | 1 | DU6 |
| No | 2 *If no & DUxa =2 & DU5=2 go to next section* |
| Refused | 88 |
| **Drug Use, Continued** | | | |
| **Question** | **Response** | | **Code** |
| Has a friend or relative or anyone else **ever** expressed concern about your use of the drug(s) you just mentioned? | Yes | 1 | DU7 |
| No | 2 |
| Refused | 88 |