TAPS

In the PAST 12 MONTHS,

How often have you used any tobacco product (for example, cigarettes, e-cigarettes, cigars, pipes, or smokeless tobacco)?

◯ Daily or Almost Daily
◯ Weekly
◯ Monthly
◯ Less Than Monthly
◯ Never

In the PAST 12 MONTHS,

How often have you had [taps_drinks_sex] or more drinks containing alcohol in one day? One standard drink is about 1 small glass of wine (5 oz), 1 beer (12 oz), or 1 single shot of liquor.

◯ Daily or Almost Daily
◯ Weekly
◯ Monthly
◯ Less Than Monthly
◯ Never

In the PAST 12 MONTHS,

How often have you used any drugs including marijuana, cocaine or crack, heroin, methamphetamine (crystal meth), hallucinogens, ecstasy/MDMA?

◯ Daily or Almost Daily
◯ Weekly
◯ Monthly
◯ Less Than Monthly
◯ Never

In the PAST 12 MONTHS,

How often have you used any prescription medications just for the feeling, more than prescribed or that were not prescribed for you? Including: Opiate pain relievers (e.g. OxyContin, Vicodin, Percocet, Methadone) Medications for anxiety or sleeping (e.g. Xanax, Ativan, Klonopin) Medications for ADHD (e.g. Adderall or Ritalin)

◯ Daily or Almost Daily
◯ Weekly
◯ Monthly
◯ Less Than Monthly
◯ Never