

### 30 DAY USE ATOD (AGES 12-17)

**Directions:** Please select the appropriate response for each item below.

#	Item	Not at all	Less than one cigarettes per day	Less than one cigarettes per day	One to five cigarettes per day	About one pack per day	About one and one-half packs per day	Two packs or more per day
1.	How frequently have you smoked cigarettes during the past 30 days?							

#	Item	Not at all	Once or twice	Once or twice per week	Three to five times per week	About once a day	More than once a day
2.	How often have you taken smokeless tobacco during the past 30 days?						

#	Item	None	Less than 1 per day	1 to 2	3 to 7	8 to 12	13 to 17	18 to 22	23 to 27	28 to 32	33 to 37	38 or more
3.	To be more precise, during the past 30 days about how many cigarettes have you smoked per day?											

#	Item	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
4.	On how many occasions during the last 30 days have you had alcoholic beverages to drink (more than just a few sips)?							
5.	On how many occasions during the last 30 days (if any) have you been drunk or very high from drinking alcoholic beverages?							
6.	On how many occasions during the last 30 days (if any) have you used marijuana (grass, pot) or hashish (hash, hash oil)?							

#	Item	None	Less than one a day	1 a day	2 to 3 a day	4 to 6 a day	7 to 10 a day	11 or more a day
7.	During the LAST MONTH, about how many marijuana cigarettes (joints, reefers), or the equivalent, did you smoke a day, on average?							

#	Items	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
8.	On how many occasions during the last 30 days (if any) have you sniffed glue, or breathed the contents of aerosol spray cans, or inhaled any other gases or sprays to get high?							
9.	On how many occasions (if any) during the last 30 days have you taken LSD ("acid")?							
10.	On how many occasions (if any) during the last 30 days have you taken amphetamines on your own that is, without a doctor telling you to take them?							
11.	On how many occasions (if any) during the last 30 days have you taken crack (cocaine in chunk or rock form)?							
12.	On how many occasions (if any) during the last 30 days have you taken cocaine in any other form (like cocaine powder)?							
13.	On how many occasions (if any) have you taken tranquilizers on your own that is, without a doctor telling you to take them...during the last 30 days?							

#	Items	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
14.	On how many occasions (if any) have you taken barbiturates on your own that is, without a doctor telling you to take them...during the last 30 days?							
15.	On how many occasions (if any) have you smoked (or inhaled the fumes of) crystal meth (ice)...during the last 30 days							
16.	On how many occasions (if any) have you taken amphetamines on your own that is, without a doctor telling you to take them...during the last 30 days?							
17.	On how many occasions (if any) have you used heroin...during the last 30 days?							
18.	On how many occasions (if any) have you taken narcotics other than heroin on your own that is, without a doctor telling you to take them...during the last 30 days?							
19.	On how many occasions (if any) have you used MDMA (ecstasy) during the last 30 days?							
20.	On how many occasions (if any) have you used Rohypnol (rophies, roofies) during the last 30 days?							

#	Items	0 occasions	1 to 2 occasions	3 to 5 occasions	6 to 9 occasions	10 to 19 occasions	20 to 39 occasions	40 or more occasions
21.	During the last 30 days, on how many occasions (if any) have you used GHB (liquid G, grievous bodily harm)?							
22.	During the last 30 days, on how many occasions (if any) have you used Ketamine (special K, super K)?							

#	Item	Never	1 to 2	3 to 5	6 to 9	10 to 19	20 to 39	40 or more
23.	On how many occasions (if any) in your lifetime have you had an alcoholic beverage-more than just a few sips?							

#	Item	
24.	How old were you the first time you smoked part or all of a cigarette?	
25.	How old were you the first time you had a drink of an alcoholic beverage? (Please do not include any time when you had only a sip or two from a drink.)	
26.	How old were you the first time you used marijuana or hashish?	
27.	How old were you the first time you used any other illegal drugs?	

Replicates the 30 Day Use ATOD Scale from the CSAP (Center for Substance Abuse Prevention) GPRA (Government Performance and Results Act) Survey (Substance Abuse and Mental Health Services Administration - SAMHSA, 2005).