



Annual Questionnaire

Men: How many times in the past year have you had 5 None 1 or more
or more alcoholic drinks in a day?

Women: How many times in the past year have you None 1 or more
had 4 or more alcoholic drinks in a day?

How many times in the past year have you used a None 1 or more
recreational drug or used a prescription medication for
non-medical reasons?

*Recreational drugs include methamphetamines
(speed, crystal), cannabis (marijuana, pot), inhalants
(paint thinner, aerosol, glue), tranquilizers (Valium),
barbiturates, cocaine, ecstasy, hallucinogenics (LSD,
mushrooms), or narcotics (heroin, vicodin). *

During the past two weeks, have you been bothered Yes No
by little interest or pleasure in doing things? *

During the past two weeks, have you been bothered Yes No
by feeling down, depressed, or hopeless? *