

**Appendix:**

**QUESTIONNAIRE ON SMOKING, ALCOHOL and DRUG USE**

Individual number:	
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This questionnaire is intended to find out about smoking, alcohol and drug use. It is totally confidential and the information will not be passed on to anyone.

Pl. circle the correct answer for 

YES	NO
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 questions, and fill in other blank boxes: 

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**SMOKING**

- 1 Have you ever smoked?  
Have you smoked in the last year?

YES	NO
YES	NO

If 'YES': How many do you smoke each day on average?  
How old were you when you started smoking?

	Type:
	years old

- 2 Have you given up smoking?  
When did you quit?

YES	NO

**ALCOHOL USE**

- 3 Do you drink alcohol regularly?  
Have you drunk alcohol in the last year?

YES	NO
YES	NO

If 'YES' how many units do you drink of each of these in an average week?

(1 unit is a half pint of beer, a glass of wine or a single measure of spirit)

Spirits	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> units	
Beer/ lager	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> units	
Wine	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> units	
Cider	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> units	
Other.....	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td></tr></table> units	

- 4 How old were you when you started drinking alcohol?

	years old
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- 5 Have you given up alcohol drinking?  
When did you quit?

YES	NO

**DRUG USE**

- 6 Have you ever used drugs?  
Have you used drugs in the last year?

YES	NO
YES	NO

If 'YES' which drugs do you consume or have used before?  
(Indicate name, dose, and frequency (i.e., once daily))


- 7 How old were you when you started using drugs?

	years old
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- 8 Have you given up drug use?  
When did you stop using drugs?

YES	NO