### DRUG USE

In the last 30 days, have you ever used any of the following substances...  

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<tbody>
<tr>
<td>No</td>
<td>Don't know</td>
<td>Yes</td>
<td>Age of first use</td>
<td># Days Used (in past 30 days)</td>
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1. Sedatives?
2. Tranquilizers?
3. Painkillers?
4. Stimulants?
5. Marijuana, hash, HC, or grass?
6. Cocaine?
7. Crack cocaine?
8. Hallucinogens e.g. LSD?
9. Inhalents or solvents?
10. Heroin?
11. Methamphetamines?
12. Any other non-prescribed medications / substances?
12.1. Specify other: 

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