

**SUBSTANCE USE**  
**Middle Student Report**

These questions are about things that some kids might do. Circle the number that tells how often you've done each thing SINCE JANUARY.

<u>Since January</u> , how many times have you	Never	Once or twice	About once a week	2 to 3 times a week	4 or more times a week
1. Used tobacco (cigarettes, cigars, smokeless or chewing tobacco)	0	1	2	3	4
2. Drunk alcohol	0	1	2	3	4
3. Used marijuana (pot)	0	1	2	3	4
4. Used other drugs (such as inhalants, cocaine, LSD, heroin, steroids)	0	1	2	3	4