

<p>140a. During your lifetime, have there been times when you used (name drug) regularly? (Regular use is a frequency of 3 or more times per week.)</p>	<p>140b. If all NO in Q.140a, End Interview and thank respondent.</p>	<p>140c. If NO drugs marked code 1 in Q.140b, skip to Q.144.</p>																																																					
	<p>If YES in Q.140a ask, When was the most recent time you used (name drug) regularly?</p>	<p>(For each drug with code 1, in Q.140b, ask), In the past 30 days, on how many days did you use...?</p>																																																					
	<p>Use codes below to answer Q.140b.</p> <p>1 = Within the past 30 days  2 = 1-6 months ago  3 = 7-12 months ago  4 = 13-24 months ago  5 = 25-48 months ago (3-4 years)  6 = 4 or more years  7 = Don't know  99 = Refused</p>																																																						
<ul style="list-style-type: none"> <li>- Marijuana (pot/grass/reefer/THC)</li> <li>- Inhalants (glue, amyl nitrite, poppers aerosol sprays)</li> <li>- Crack</li> <li>- Cocaine (other than crack)</li> <li>- Heroin</li> <li>- Methadone</li> <li>- Stimulants (amphetamines, Preludin, methamphetamines, uppers, speed)</li> <li>- Other opiates/analgesics (Darvon, Demerol, Talwin, Talacen)</li> <li>- Barbiturates (downers)</li> <li>- Other sedatives (sleeping pills, Seconal)</li> <li>- Hypnotics/tranquilizers (Librium, Vallium, benzodiazepine)</li> <li>- Hallucinogens (LSD, PCP, peyote, mescaline, ecstasy)</li> <li>- Any drug, not including alcohol as a drug</li> </ul>	<table border="1"> <thead> <tr> <th>Yes</th> <th>No</th> <th>Code</th> </tr> </thead> <tbody> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> <tr><td></td><td></td><td></td></tr> </tbody> </table>	Yes	No	Code																																					<table border="1"> <thead> <tr> <th>Number of days</th> </tr> </thead> <tbody> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> <tr><td></td></tr> </tbody> </table>	Number of days													
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