

141. In the past 30 days, on how many days did you experience drug problems, including cravings for drugs, adverse effects from drugs, withdrawal symptoms from drugs, or the desire but inability to stop taking drugs (do not include inability to find drugs)?	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused				
142. (SHOW FLASHCARD) In the past 30 days, how troubled or bothered were you by drug problems?	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused				
143. (SHOW FLASHCARD) How important to you is treatment for drug problems that you are not now getting? (need for drug-related treatment, not general therapy.)	1__ Not at all 2__ Slightly (a little) 3__ Moderately 4__ Considerably 5__ Extremely 6__ Don't know 7__ Refused				
144. In your lifetime: a. Have you abused more than one drug at a time? b. Have you had "blackouts" or "flashbacks" as a result of drug use? c. Do your friends or relatives know or suspect you abuse drugs? d. Have you ever lost friends because of your use of drugs? e. Have you ever neglected your family or missed work because of your use of drugs? f. Have you engaged in illegal activities in order to obtain drugs? g. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? h. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	Yes 1__ 1__ 1__ 1__ 1__ 1__ 1__ 1__	No 2__ 2__ 2__ 2__ 2__ 2__ 2__	Don't Know 3__ 3__ 3__ 3__ 3__ 3__ 3__	Refused 4__ 4__ 4__ 4__ 4__ 4__ 4__	