

BEHAVIOURAL HISTORY

Past user:	No	Yes	If yes, no. of years		Unknown
Tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Alcoholic beverages (beer, wine, spirits)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Sedatives or sleeping pills	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Other drugs	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

Use in the past three months:	No	Yes	Unknown
Tobacco products (cigarettes, cigars, pipe, chewing tobacco, etc.)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Alcoholic beverages (beer, wine, spirits)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Sedatives or sleeping pills	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Cannabis (marijuana, pot, grass, hash, etc.)	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown
Other drugs	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> Unknown

