

**NIDA Quick-Screen**

In the <i>past year</i> , how many times have you used the following?					
Drug Type	Never	Once or Twice	Monthly	Weekly	Daily or almost Daily
<b>Alcohol:</b> Men: > 5 drinks/day Women: > 4 drinks/day					
<b>Tobacco products</b>					
<b>Misused prescription drugs</b>					
<b>Illegal drugs</b>					