

ALCOHOL USE		0	1	2	3	4
1. How often do you have a drink containing alcohol?	<input type="checkbox"/> Never	<input type="checkbox"/> Monthly or less	<input type="checkbox"/> 2-4 times a month	<input type="checkbox"/> 2-3 times a week	<input type="checkbox"/> 4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	<input type="checkbox"/> 1 or 2	<input type="checkbox"/> 3 or 4	<input type="checkbox"/> 5 or 6	<input type="checkbox"/> 7 or 9	<input type="checkbox"/> 10 or more	
3. How often do you have five or more drinks on one occasion?	<input type="checkbox"/> Never	<input type="checkbox"/> Less than monthly	<input type="checkbox"/> Monthly	<input type="checkbox"/> Weekly	<input type="checkbox"/> Daily or almost daily	
				SCORE	<input type="text"/>	
				Interpretation	<input type="text"/>	
DRUG USE						
How many times in the past year have you used an illegal drug or used a prescription medication for non-medical reasons?				<input type="checkbox"/> 0	<input type="checkbox"/> 1 or more	
				Total Count	<input type="text"/>	
				Interpretation	<input type="text"/>	

Alcohol Interpretation	Drug Interpretation
3 or greater for women OR 4 or greater for men would be Positive; anything less would be negative	0 --> Negative 1 or more --> Positive