

0 = Never, 1 = Seldom, 2 = Sometimes, 3 = Often, 4 = Very Often

11. How often have you felt a craving for medication?

0 1 2 3 4

12. How often have you been asked to give a urine screen for substance abuse?

0 1 2 3 4

13. How often have you used illegal drugs (for example, marijuana, cocaine, etc.) in the past five years?

0 1 2 3 4

14. How often, in your lifetime, have you had legal problems or been arrested?

0 1 2 3 4

Please include any additional information you wish about the above answers. Thank you.



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