

Simple Screening Instrument for Substance Abuse Self-Administered Form

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months. Do not include time incarcerated.

During the last 6 months....

1. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin, or other opioids, uppers, downers, hallucinogens, or inhalants)

Yes No

2. Have you felt that you use too much alcohol or other drugs?

Yes No

3. Have you tried to cut down or quit drinking or using alcohol or other drugs?

Yes No

4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors or a treatment program.)

Yes No

5. Have you had any health problems? For example, have you:

Had blackouts or other periods of memory loss

Injured your head after drinking or using drugs

Had convulsions, delirium tremens (DTs)

Had hepatitis or other liver problems

Felt sick, shaky, or depressed when you stopped

Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs

Been injured after drinking or using

Used needles to shoot drugs

6. Has drinking or other drug use caused problems between you and your family or friends?

Yes No

7. Has your drinking or other drug use caused problems at school or work?

Yes No

8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)

_____Yes _____No

9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs?

_____Yes _____No

10. Are you needing to drink or use drugs more and more to get the effect you want?

_____Yes _____No

11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs?

_____Yes _____No

12. When drinking or using drugs are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone?

_____Yes _____No

13. Do you feel bad or guilty about your drinking or drug use?

_____Yes _____No

The next questions are about your lifetime experiences.

14. Have you ever had a drinking or other drug problem?

_____Yes _____No

15. Have any of your family members ever had a drinking or drug problem?

_____Yes _____No

16. Do you feel that you have a drinking or drug problem now?

_____Yes _____No

Items 1 and 15 are not scored. The following items are scored as 1 (yes) or 0 (no):

___2 ___7 ___12

___3 ___8 ___13

___4 ___9 ___14

___5 ___10 ___16

Total Score_____

Preliminary interpretation of responses:

<u>Score</u>	<u>Degree of Risk for Substance Abuse</u>
0 – 1	None to low
2 – 3	Minimal
>4	Moderate to high: possible need for further assessment