

(Administered by Interviewer)

Short version: Boldface questions only.

Long version: All questions

Introductory Statement Made by Interviewer

I'm going to ask you a few questions about your use of alcohol and drugs during the last 6 months. Your answers will be kept private. Based on your answer to these questions, I may advise you to get a more complete assessment. This would be voluntary.

During the last 6 months

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

Yes No *If no, stop or skip to question 14.*

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

Yes No

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

Yes No

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

Yes No

5. Have you had any of the following:

<input type="checkbox"/> Blackouts or other periods of memory loss?	<input type="checkbox"/> Feelings of being sick, shaky, or depressed when you stopped drinking or using drugs?
<input type="checkbox"/> Injury to your head after drinking or using drugs?	<input type="checkbox"/> Feelings of "coke bugs," or a crawling feeling under the skin, after you stopped using drugs?
<input type="checkbox"/> Convulsions or delirium tremens (DTs)?	<input type="checkbox"/> Injury after drinking or using drugs?
<input type="checkbox"/> Hepatitis or other liver problems?	<input type="checkbox"/> The desire to use needles to shoot drugs?

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

Yes No

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

Yes No

8. Have you been arrested or had other legal problems (such as being charged with bouncing 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 drugs?

Yes No

10. Do you need 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 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

Now I have some questions that are not limited to the last 6 months.

14. Have you ever had a drinking or 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?

Thank you for answering these questions. Do you have any questions for me? Is there something I can do to help you?

Observation Checklist

The following signs and symptoms may indicate a substance abuse problem in the individual being screened:

- | | |
|---|---|
| <input type="checkbox"/> Needle (track) marks | <input type="checkbox"/> Scratching |
| <input type="checkbox"/> Skin abscesses, cigarette burns, or nicotine stains | <input type="checkbox"/> Swollen hands or feet |
| <input type="checkbox"/> Tremors (shaking and twitching of hands and eyelids) | <input type="checkbox"/> Smell of alcohol or marijuana on breath |
| <input type="checkbox"/> Unclear speech: slurred, incoherent, or too rapid | <input type="checkbox"/> In possession of drug paraphernalia such as pipes, papers, needles, or roach clips |
| <input type="checkbox"/> Unsteady gait: staggering or off balance | <input type="checkbox"/> "Nodding out" (dozing or falling asleep) |
| <input type="checkbox"/> Dilated (enlarged) or constricted (pinpoint) pupils | <input type="checkbox"/> Agitation |
| | <input type="checkbox"/> Inability to focus |
| | <input type="checkbox"/> Burns on the inside of the lips (from freebasing cocaine) |

Scoring

For short version (boldface questions), any yes answers by the respondent merit follow up questioning.

Items 1 and 15 are not scored. For the remaining questions, score 1 for yes and 0 for no.

2 4 6 8 10 12 14
 3 5 7 9 11 13 16 Total score

Preliminary Interpretation of Results

<i>Score</i>	<i>Degree of Risk for Alcohol and Drug Abuse</i>
0 or 1	None to low
2 or 3	Minimal
≥ 4	Moderate to high; possible need for further assessment