

Substance Abuse Survey

Self-Administered Screening Instrument

The questions that follow are about your use of alcohol and other drugs. Mark the response that best fits for you. Answer the questions in terms of your experiences in the past 6 months.

1. Have you used alcohol or other drugs (Such as wine, beer, hard liquor, pot, coke, heroine or other opioids, uppers, downers, hallucinogens, or inhalants) *Y or N*
2. Have you felt that you use too much alcohol or other drugs? *Y or N*
3. Have you tried to cut down or quit drinking or using alcohol or other drugs? *Y or N*
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) *Y or N*
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 using alcohol or drugs?
 - 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?*Y or N*
6. Has drinking or other drug use caused problems between you and your family or friends? *Y or N*
7. Has your drinking or other drug use caused problems at school or at work? *Y or N*
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft or drug possession) *Y or N*
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs? *Y or N*

Assessment continues on the next page ➔

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Self-Administered Screening Instrument (Continued)

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

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

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? *Y or N*

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

The next questions are about your lifetime experiences:

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

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

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

Scoring: Questions 1 and 15 are **not** scored.

Give yourself 1 point for every **Yes** circled and add sum of questions 2 through 14 and 16.

<u>Score</u>	<u>Degree of Risk for Substance Abuse</u>
0-1	None-Low
2-3	Minimal
≥4	Moderate to High: Possible need for further assessment

Please note that suicidality is not assessed in this survey.

If you feel you may be at risk please seek immediate help from a medical professional.
Call 911 or the 24/7 Crisis Hotline at 1-844-4CRISIS (1-844-427-4747).