

substance use and harms screen

The questions below ask about your use of alcohol and/or other drugs that change the way you feel. Such other drugs include energy drinks, marijuana, ecstasy, cocaine, or medications such as antidepressants, pain killers, or sleeping pills.

QUESTIONNAIRE

Mark one box on each row that best reflects how things have been going for you over the last month.

	Not true	Somewhat true	Certainly true
1. I've used alcohol and/or other drugs when I was alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I've thought I might be hooked or addicted to alcohol and/or other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I've thought about cutting down on the amount of alcohol and/or other drugs that I use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. My alcohol and/or other drug use has led to arguments with the people I live with (family, roommates, caregivers, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I've had unsafe sex or an unwanted sexual experience when using alcohol and/or other drugs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. My performance or attendance at school (or at work) has been affected by my alcohol and/or other drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I've done things that could have gotten me into serious trouble when using alcohol and/or other drugs (e.g., stealing, vandalism, violence).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I've driven a car while under the influence of alcohol and/or other drugs (or have been driven by someone under the influence).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The last time I got drunk or high was:	_____		

INTERPRETATION

An on-site clinician will help you interpret your responses and provide you with take-home resource materials.

Staff use **Total score:** _____ Low risk Increased risk High risk

