<table>
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<th>Screening Date:_________________</th>
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I’m going to ask you a few questions about your use of alcohol and other drugs during the past 6 months. During the past 6 months…

1. Have you used alcohol or other drugs? (such as wine, beer, hard liquor, pot, coke, heroin or other opiates, 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 drugs? YES ____ NO ____

4. Have you gone to anyone for help because of your drinking or drug use? 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?

Give a “YES” answer if at least one of the 8 presented items is marked ✔

   YES ____ NO ____

6. Has drinking or other drug use caused problems between you and 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 _____

**SCORING**

**SCORE:** (Questions 1 and 15 are not scored)

Number of “Yes” Answers _______

- Screened positive = a score of 4 or greater.

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Revised 11/4/08