


# ALCOHOL, SMOKING AND SUBSTANCE INVOLVEMENT SCREENING TEST


## INTRODUCTION:

I am going to ask you some questions about your experience with alcohol, tobacco products and other drugs across your lifetime and in the past 3 months. These substances can be smoked, swallowed, snorted, inhaled, injected or taken in pill form. **(Show Drug & Response Card)**.

Some of the substances listed may be prescribed by a doctor (like sedatives, pain medications, amphetamines etc.). For this interview, I will not record medications that are used as prescribed by your doctor. However, if you have taken such drugs for reasons other than prescription, or taken them more frequently or at higher doses than prescribed, please let me know. While I am interested in knowing about your use of various illicit drugs, please be assured that the information on such use will be treated as strictly confidential.

In your life, which of the following substances have you ever used? (non-medical use only)		
	No	Yes
a. Tobacco products	0	3
b. Alcoholic beverages	0	3
c. Marijuana	0	3
d. Cocaine or Crack	0	3
e. Amphetamines or Stimulants	0	3
f. Inhalants	0	3
g. Sedatives or Sleeping Pills	0	3
h. Hallucinogens	0	3
i. Heroin, Morphine, Pain Medication	0	3
j. Other, specify:	0	3

Probe if all answers are negative: "Not even when you were in school?" If "No" to all items, stop the interview. 

If "Yes" to any of these items, ask Question 2 for each substance ever used. 

## 2

In the past three months, how often have you used the substances mentioned (first drug, second drug, etc.)					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	0	2	3	4	6
b. Alcoholic beverages	0	2	3	4	6
c. Marijuana	0	2	3	4	6
d. Cocaine or Crack	0	2	3	4	6
e. Amphetamines or Stimulants	0	2	3	4	6
f. Inhalants	0	2	3	4	6
g. Sedatives or Sleeping Pills	0	2	3	4	6
h. Hallucinogens	0	2	3	4	6
i. Heroin, Morphine, Pain Medication	0	2	3	4	6
j. Other, specify:	0	2	3	4	6

If Never to all items in Question 2, skip to Question 6.  
If any substance in Question 2 was used in the previous 3 months continue with Questions 3, 4 & 5 for each substance used.

## 3

During the past three months, how often have you had a strong desire or urge to use (first drug, second drug, etc.)?					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	0	3	4	5	6
b. Alcoholic beverages	0	3	4	5	6
c. Marijuana	0	3	4	5	6
d. Cocaine or Crack	0	3	4	5	6
e. Amphetamines or Stimulants	0	3	4	5	6
f. Inhalants	0	3	4	5	6
g. Sedatives or Sleeping Pills	0	3	4	5	6
h. Hallucinogens	0	3	4	5	6
i. Heroin, Morphine, Pain Medication	0	3	4	5	6
j. Other, specify:	0	3	4	5	6

## 4

During the past three months, how often has your use of (first drug, second drug, etc.) led to health, social, legal or financial problems?					
	Never	Once or Twice	Monthly	Weekly	Daily or Almost Daily
a. Tobacco products	0	4	5	6	7
b. Alcoholic beverages	0	4	5	6	7
c. Marijuana	0	4	5	6	7
d. Cocaine or Crack	0	4	5	6	7
e. Amphetamines or Stimulants	0	4	5	6	7
f. Inhalants	0	4	5	6	7
g. Sedatives or Sleeping Pills	0	4	5	6	7
h. Hallucinogens	0	4	5	6	7
i. Heroin, Morphine, Pain Medication	0	4	5	6	7
j. Other, specify:	0	4	5	6	7