



## SUBSTANCE USE INVENTORY

	<u>YES</u>	<u>NO</u>
<b>During the last 6 months:</b>		
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)?	___	___
<b>If no, skip to Question 14.</b>		
2. Have you felt that you used too much alcohol or too many drugs?	___	___
3. Have you tried to cut down on or quit drinking or using drugs?	___	___
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?	___	___
5. Have you had any of the following?		
Blackouts or other periods of memory loss	___	___
Injury to your head after drinking or using drugs	___	___
Convulsions or delirium tremens (DTs)	___	___
Hepatitis or other liver problems	___	___
Feelings of being sick, shaky, or depressed when you stopped drinking or using drugs	___	___
Feelings of "coke bugs," or a crawling feeling under the skin, after you stopped using drugs	___	___
Injury after drinking or using drugs	___	___
The desire to use needles to shoot drugs	___	___
6. Has drinking or drug use caused problems between you and your family or friends?	___	___



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- 7. Has your drinking or drug use caused problems at school or work? \_\_\_ \_\_\_
- 8. Have you been arrested or had other legal problems (such as being charged with bouncing checks, driving while intoxicated, theft, or drug possession)? \_\_\_ \_\_\_
- 9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs? \_\_\_ \_\_\_
- 10. Do you need to drink or use drugs more and more to get the effect you want? \_\_\_ \_\_\_
- 11. Do you spend a lot of time thinking about or trying to get alcohol or drugs? \_\_\_ \_\_\_
- 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, and sell things that are important to you, or have unprotected sex with someone? \_\_\_ \_\_\_
- 13. Do you feel bad or guilty about your drinking or drug use? \_\_\_ \_\_\_

**Questions not limited to the last 6 months:**

- 14. Have you ever had a drinking or drug problem? \_\_\_ \_\_\_
- 15. Have any of your family members ever had a drinking or drug problem? \_\_\_ \_\_\_
- 16. Do you feel that you have a drinking or drug problem now? \_\_\_ \_\_\_

**Scoring:** Questions 2 – 14 and Question 16 receive 1 point for each yes answer.

**Preliminary Interpretation of Results:**

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

Source: KAP Keys, CSAT's Knowledge Application Program