

Difficulties and Functioning Screen

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 Date _____

Initial screen (intake)
 6-month follow-up
 12-month follow-up
 Other _____

Substances and Choices Scale Mark <u>one</u> box on each row that best reflects how things have been going for you <u>over the last month</u> .			
	Not True	Somewhat True	Certainly True
1. I've used alcohol and/ or other drugs when I was alone.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. I've thought I might be addicted to alcohol and/or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Most of my free time has been spent ending, using or recovering from using alcohol or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. I've wanted to cut down on the amount of alcohol and/or other drugs that I've been using.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. My alcohol and/or other drug use has stopped me from getting important things done.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. My alcohol and/or other drug use has led to arguments with the people I live with (family, roommates, caregivers, etc.).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. I've had unsafe sex or an unwanted sexual experience when using alcohol and/or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. My performance or attendance at school (or at work) has been affected by my alcohol and/or other drug use.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. I've done things that could have gotten me into serious trouble (stealing, vandalism, violence, etc.) when using alcohol and/or other drugs.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
10. 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="radio"/>	<input type="radio"/>	<input type="radio"/>
SACS difficulties score			
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