

COUNSELING CENTER
SSI -- SIMPLE SCREENING INVENTORY

Name: _____

Date: _____

Directions: The questions that follow are about your use of alcohol and other drugs. Your answers will be kept private. Mark the response that best fits for you. Answer the questions in terms of your experience(s) in 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 alcohol or other drugs? ___ yes ___ no
4. Have you gone to anyone for help because of your drinking or drug use (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, Rational Recovery, counselors, or a treatment program)? ___ yes ___ no
5. Have you had any health problems? For example, have you:
 - Had blackouts or other periods of memory loss? ___ yes ___ no
 - Injured your head after drinking or using drugs? ___ yes ___ no
 - Had convulsions, delirium tremens (DT's)? ___ yes ___ no
 - Had hepatitis or other liver problems? ___ yes ___ no
 - Felt sick, shaky, or depressed when you stopped? ___ yes ___ no
 - Felt "coke bugs" or a crawling feeling under the skin after you stopped using? ___ yes ___ no
 - Been injured after drinking or using? ___ yes ___ no
 - Used needles to shoot drugs? ___ yes ___ no
6. Has drinking or other drug use caused problems between you and your 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, DUI, DWAI, BUI, BWA, assault, theft, drug possession or selling)? ___ 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, become assaultive, 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 or had a drinking or drug problem? ___ yes ___ no

Thank you for completing this questionnaire.