

**Simple Screening Instrument for Alcohol and Other Drugs (SSI-AOD)**  
**Screening Instrument**

**Screening Date:** \_\_\_\_\_

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.

*Center for Substance Abuse Treatment. Simple Screening Instruments for Outreach for Alcohol and Other Drug Abuse and Infectious Diseases. Treatment Improvement Protocol (TIP) Series 11. DHHS Publication No. (SMA) 94-2094. Rockville, MD: Substance Abuse and Mental Health Services Administration, 1994.*