

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 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

Thanks for filling out this questionnaire.

Note: Stop here, this next section is for clinic staff only.

Scoring for the AOD Abuse Screening Instrument

Name/ID No: _____ Date: _____
 Place/Location: _____

Items 1 and 15 are not scored. The following items are scored as 1 (yes) or 0 (no):

- | | | |
|---|-----------------------------|-----------------------------|
| <input type="checkbox"/> 2 | <input type="checkbox"/> 7 | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 8 | <input type="checkbox"/> 13 |
| <input type="checkbox"/> 4 | <input type="checkbox"/> 9 | <input type="checkbox"/> 14 |
| <input type="checkbox"/> 5 (any items listed) | <input type="checkbox"/> 10 | <input type="checkbox"/> 16 |
| <input type="checkbox"/> 6 | <input type="checkbox"/> 11 | |

Total score: _____ Score range: 0-14

Preliminary interpretation of responses:

<u>Score</u>	<u>Degree of Risk for AOD Abuse</u>
0-1None to low
0-2Minimal
≥4Moderate to high: possible need for further assessment