



Drug Screen

(Affix identification label here)

URN:

Family name:

Given name(s):

Address:

Date of birth:

Sex: M F I

The Severity of Dependence Scale (SDS*), Readiness to Change and Confidence to Change

Complete the following scale for each drug that the consumer has used (except for alcohol and abuse of prescribed medications except for benzodiazepines).

Rate the consumer on questions 1 to 5 for every drug they use (except alcohol and abuse of prescribed medication except benzodiazepines).

For amphetamines, a score of 4 or more indicates dependence.

For cannabis, a score of 3 or more indicates dependence.

For benzodiazepines, a score of 6 or more indicates dependence.

Substance name:				
1. Did you ever think your substance use was out of control?	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always
2. Did the prospect of missing a fix (or dose) or not chasing, make you anxious or worried?	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always
3. Did you worry about your use of (substance)?	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always
4. Did you wish you could stop?	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always	0 <input type="checkbox"/> Never / almost never 1 <input type="checkbox"/> Sometimes 2 <input type="checkbox"/> Often 3 <input type="checkbox"/> Always / nearly always
5. How difficult did you find it to stop, or go without (substance)?	0 <input type="checkbox"/> Not difficult 1 <input type="checkbox"/> Quite difficult 2 <input type="checkbox"/> Very difficult 3 <input type="checkbox"/> Impossible	0 <input type="checkbox"/> Not difficult 1 <input type="checkbox"/> Quite difficult 2 <input type="checkbox"/> Very difficult 3 <input type="checkbox"/> Impossible	0 <input type="checkbox"/> Not difficult 1 <input type="checkbox"/> Quite difficult 2 <input type="checkbox"/> Very difficult 3 <input type="checkbox"/> Impossible	0 <input type="checkbox"/> Not difficult 1 <input type="checkbox"/> Quite difficult 2 <input type="checkbox"/> Very difficult 3 <input type="checkbox"/> Impossible
Total Score:				

Readiness to Change Do you want to change your use of (substance) right now?	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Probably not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Possibly 4 <input type="checkbox"/> Definitely	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Probably not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Possibly 4 <input type="checkbox"/> Definitely	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Probably not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Possibly 4 <input type="checkbox"/> Definitely	0 <input type="checkbox"/> No 1 <input type="checkbox"/> Probably not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Possibly 4 <input type="checkbox"/> Definitely
Confidence to Change Do you think you could change your use of (substance) now if you wanted to?	0 <input type="checkbox"/> Definitely could not 1 <input type="checkbox"/> Probably could not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Probably could 4 <input type="checkbox"/> Definitely could	0 <input type="checkbox"/> Definitely could not 1 <input type="checkbox"/> Probably could not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Probably could 4 <input type="checkbox"/> Definitely could	0 <input type="checkbox"/> Definitely could not 1 <input type="checkbox"/> Probably could not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Probably could 4 <input type="checkbox"/> Definitely could	0 <input type="checkbox"/> Definitely could not 1 <input type="checkbox"/> Probably could not 2 <input type="checkbox"/> Unsure 3 <input type="checkbox"/> Probably could 4 <input type="checkbox"/> Definitely could

Other substance use: Include history of withdrawals, seizures, DTs, recent change of use, potential risk behaviours etc

Other

Clinician's name (please print):	Designation:	Signature:	Team:	Date:	Time:
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*Acknowledgement: Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W., Strang, J. (1995). The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. Addiction 90(5): 607-614.

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