

Brief Substance Use Index

Identify your Primary Drug of Choice

1	Please choose only 1: 1. Alcohol 2. Marijuana 3. Opiates (ex: Hydrocodone, Oxycodone) 4. Heroin 5. Benzodiazepines (ex: Xanax, Klonopin) 6. Stimulants (Adderal, Methamphetamine) 7. Synthetic Substances (ex: Spice, K-2, Kratom) 8. Inhalants (ex: Aerosol sprays, gases)
Please answer the following questions with regard to your craving for the primary drug.	
2	The INTENSITY of my craving, that is, how much I desired this drug in the past 24 hours was: 1. None at all 2. Slight 3. Moderate 4. Considerable 5. Extreme
3	The FREQUENCY of my craving, that is, how often I desired this drug in the past 24 hours was: 1. Never 2. Almost never 3. Several times 4. Regularly 5. Almost constantly
4	The LENGTH of time I spent in craving this drug during the past 24 hours was: 1. None at all 2. Very short 3. Short 4. Somewhat long 5. Very long
5	Write in the NUMBER of times you think you had craving for this drug during the past 24 hours.