**Demographics Questionnaire**

* + 1. Age
    2. Gender
       1. Male
       2. Female
       3. Nonbinary
       4. Other
    3. Race
       1. White
       2. Hispanic or Latino/Latina
       3. Black or African American
       4. Asian
       5. Indian
       6. Native Hawaiian or another Pacific Islander
       7. Native American or Alaskan Native
       8. Prefer to self-describe (please specify)
    4. Ethnicity
       1. Hispanic
       2. Non-Hispanic
    5. Select all of the following substances you use regularly (i.e., at least once a month)
       1. Stimulants (i.e., Caffeine, Adderall, Wellbutrin, Cocaine, Methamphetamines, Benzedrex, Vyvanse, Concerta, Ritalin)
       2. Alcohol (i.e., beer, wine, liquor, moonshine)
       3. Cannabis (i.e., Marijuana, Weed, Hash, CBD, Hemp)
       4. Opioids (i.e., Vicodin, Heroin, Codeine, Lean, Methadone, Fentanyl, Hydrocodone, Oxycodone, Kratom).
       5. Hallucinogens (i.e., LSD, Mushrooms, Mescaline, DMT)
       6. Deliriants (i.e., Benadryl, Datura, Scopolamine)
       7. Dissociative (i.e., DXM, Ketamine, PCP, Kava, Nitrous Oxide)
       8. Benzodiazepines (i.e., Xanax, Klonopin, Valium, Ativan, Librium)
       9. Barbiturates (i.e., Butisol, Seconal, Amytal, Phenobarbital)
       10. Inhalants (i.e., Whippets, Nitrous Oxide, Amyl Nitrate, Poppers, keyboard cleaner, whip cream cans).
       11. Nicotine (i.e., Cigarettes, Vapes, Chewing Tobacco, Tobacco, Nicotine Patches)
       12. Sleeping Aids (i.e., Ambien, Trazodone, Benadryl, Amitriptyline, Mirtazapine)
       13. Empathogens (i.e., MDMA, MDA, Ecstasy, Molly, Cathinone, Tryptamines)
    6. Please list the substances you use at least once a month
    7. Please list the substances you use at least once a week
    8. Please list the substances you use every day

**Benefits of Substance Use Scale**

Please indicate how much the following questions apply to you.

|  |
| --- |
| **Sociability** |
| My substance use helps me makes friends |
| My substance use helps me connect to my loved ones |
| I feel more confident around people because of my substance use |
| I feel a sense of belonging when I use substances |
| The people I use substances with get me as a person |
| I feel like I am part of something bigger than myself when I use substances |
| Using substances helps me fit in with my peers |
| I can empathize with people better when I use substances |
| I feel loved or supported by others when I use substances |
| Substances make my relationships better |
| **Enjoyment** |
| Substance helps me to feel alive |
| I find that using substances is fun |
| I genuinely like the experiences from substances |
| Substances make me feel good |
| Substances make me feel happy |
| I get excited to use substances |
| I enjoy using substances |
| Using substances is the highlight of my day |
| Substances make me feel satisfied |
| Substance improves my quality of life |
| **Physical health** |
| Substances help me not feel as much physical pain |
| Substances help me feel better physically |
| I take substances because they help me stay physically healthy |
| I can do healthier things because of my substance use |
| Substances help me achieve my weight goals |
| Substances help resolve physical symptoms I experience |
| Substances help me with my health problems |
| Substances help me feel comfortable in my own body |
| My health has improved because of my substance use |
| Substances help reduce the impact of my physical symptoms I experience |
| **Mental health** |
| Substances help me deal with my trauma better |
| I do not feel as sad when I use substances |
| I do not feel as anxious when I use substances |
| Substances help me cope with my mental illness better |
| Substance helps me stay calm |
| Substances helps me process my trauma better |
| Substances make me less anxious around others |
| Substances have help me cure some of my mental illnesses |
| Substances reduce the impact of my mental illnesses on my life |
| Substances have drastically improved my mental health |
| **Relaxation** |
| Using substances is just about the only way I know how to relax |
| Using substances helps me relax |
| I feel like I basically cannot relax until I use substances |
| Substances help make my relaxation time more relaxing |
| After a long day, substances help me wind down |
| I can better appreciate my work when I use substances |
| Using substances helps me feel more accomplished |
| I am at peace when I use substances |
| I feel relief when I use substances |
| Substances help me feel more comfortable |
| **Personal growth** |
| Substances help me be a better person |
| I can work towards the person I want to be more easily because of substances |
| Substance use has positively shaped me into the person I am today |
| Substances help me feel better about myself |
| Substances help me figure out the direction I want to take in life |
| Substances help me realize the person I want to be |
| I find meaning in my life by using substances |
| Substances improve the quality of my life |
| Substances keep me on the right track in life |
| Substances help me feel proud about the person I am |
| **Performance enhancement** |
| I do not know how I would get anything done without substances |
| Substances help me achieve my goals |
| I can work longer when I use substances |
| I would not be as successful without using substances |
| Substances can help me focus on my work |
| I cannot wake up fully until I use substances |
| I can stay up later than usual because of substances |
| Substances help me think more clearly |
| I feel more in control of my work when I use substances |
| Substances make the bad parts of my work more manageable |
| **Enhancement/Excitment** |
| I get so bored when I am not using substances |
| Substances help me feel interested in my life |
| I think that substances are exciting to use |
| I think that substances help me feel more alive |
| I enjoy escaping the monotony of daily life with substances |
| I think that substances help make regular activities more exciting |
| Substances help fill in the mundane parts of my life |
| Recreational activities are enhanced because of substances use |
| Hanging out with my loved ones is more fun when I use substances |
| My life would be so boring without substance |
| **Processing life** |
| Substances allow me to "step back" and see my life from a "third party perspective" |
| I can process my emotions better when I am using substances |
| Substances help me understand my life better |
| Substances allow me to see my life from a happier perspective |
| I can make discoveries about my life when I use substances |
| I have positive realizations about my life when I use substances |
| Substances help me realize important things about society |
| Substances help me expand my mind |
| Substances help me have spiritual experiences |
| Substances help me "figure out" my life |
| **Coping** |
| Substances make my life easier to live |
| When I am stressed, substances make me feel better |
| I can handle more adversity in life because of substances |
| Substances help me deal with tragedies in society |
| Substances help me deal with my financial situation |
| Substances help me cope when my life feels like its falling apart |
| I cannot fall asleep until I use substances |
| Substance helps me overcome hard times |
| I have survived hard times because of substances |
| My life challenges do not seem so big when I use substances |

Difficulties in Emotion Regulation Scale (DERS)

# Instructions:

Please press the response that is most true for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Almost Never | Sometimes | About half the time | Most of the time | Almost always |
| 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17 | I am clear about my feeling | **5** | **4** | **3** | **2** | **1** |
| I pay attention to how I feel | **5** | **4** | **3** | **2** | **1** |
| I experience my emotions as overwhelming and out of control | **1** | **2** | **3** | **4** | **5** |
| I have no idea how I am feeling | **1** | **2** | **3** | **4** | **5** |
| I have difficulty making sense out of my feelings | **1** | **2** | **3** | **4** | **5** |
| I am attentive to my feelings | **5** | **4** | **3** | **2** | **1** |
| I know exactly how I am feeling | **5** | **4** | **3** | **2** | **1** |
| I care about what I am feeling | **5** | **4** | **3** | **2** | **1** |
| I am confused about how I feel | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I acknowledge my emotions | **5** | **4** | **3** | **2** | **1** |
| When I’m upset, I become angry with myself for feeling that way | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I become embarrassed for feeling that way | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I have difficulty getting work done | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I become out of control | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I believe that I will remain that way for a long time | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I believe that I’ll end up feeling very depressed | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I believe that my feelings are valid and important | **5** | **4** | **3** | **2** | **1** |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | Almost Never | Sometimes | About half the time | Most of the time | Almost always |
| 18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36 | When I’m upset, I have difficulty focusing on other things | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I feel out of control | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I can still get things done | **5** | **4** | **3** | **2** | **1** |
| When I’m upset, I feel ashamed with myself for feeling that way | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I know that I can find a way to eventually feel better | **5** | **4** | **3** | **2** | **1** |
| When I’m upset, I feel like I am weak | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I feel like I can remain in control of my behaviours | **5** | **4** | **3** | **2** | **1** |
| When I’m upset, I feel guilty for feeling that way | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I have difficulty concentrating | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I have difficulty controlling my behaviours | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I believe that there is nothing I can do to make myself feel better | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I become irritated with myself for feeling that way | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I start to feel very bad about myself | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I believe that wallowing in it is all I can do | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I lose control over my behaviours | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, I have difficulty thinking about anything else | **1** | **2** | **3** | **4** | **5** |
| When I’m upset I take time to figure out what I’m really feeling. | **5** | **4** | **3** | **2** | **1** |
| When I’m upset, it takes me a long time to feel better | **1** | **2** | **3** | **4** | **5** |
| When I’m upset, my emotions feel overwhelming | **1** | **2** | **3** | **4** | **5** |

**Scoring and items in the BFI-10-R**

**Conscientiousness**

C1 Does a thorough job

C6 Perseveres until the task is finished

**Agreeableness**

A4 Has a forgiving nature

A8 Is sometimes rude to others\*

**Neuroticism**

N4 Worries a lot

N8 Gets nervous easily

**Openness**

O1 Is original, comes up with new ideas

O8 Likes to reflect, play with ideas

**Extraversion**

E1 Is talkative

E8 Is outgoing, sociable

Questions are answered on a 5-point scale from 1=*strongly disagree*, 2=*disagree a little*, 3=*neither agree nor disagree*, 4=*agree a little*, to 5 = *strongly agree*. To calculate subscale scores, calculate the mean of the two items for each subscale, \*indicates reverse score. Each item is presented with the stem “I see myself as someone who...”

# DUDIT

For each question in the chart below, please X in one box that best describes your answers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Male ( ) Female ( )  Age ( ) | **0** | **1** | **2** | **3** | **4** | **Score** |
| 1. How often do you use drugs other than alcohol? | Never | Once a month or less often | 2-4 times a month | 2-3 times A week | 4 times a week or more | ***Objective: Frequency per***  ***week/month*** |
| 2. Do you use more than one type of drug on the same occasion? | Never | Once a month or less often | 2-4 times a month | 2-3 times A week | 4 times a week or more often | ***Objective: Poly-drug use*** |
| 3. How many times do you take drugs on a typical day when you use drugs? | 0 | 1-2 | 3-4 | 5-6 | 7 or more | ***Objective: Frequency per day*** |
| 4. How often are you heavily influenced by drugs | Never | Less often than once a month | Every month | Every week | Daily or almost daily | ***Objective: Heavy use*** |
| 5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it? | Never | Less often than once a month | Every month | Every week | Daily or almost daily | ***Objective: Craving*** |
| 1. Has it happened, over the past year that you have not been able to stop taking drugs once you started? | Never | Less often than once a month | Every month | Every week | Daily or almost daily | ***Objective: Loss of control*** |
| 7. How often over the past year have you taken drugs and then not done something  you should have done? | Never | Less often than once a month | Every month | Every week | Daily or almost daily | ***Objective: Priorisation of***  ***drug use*** |
| 8. How often over the past year have you  needed to take a drug | Never | Less often than once a month | Every month | Every week | Daily or almost daily | ***Objective:*** |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| the morning after heavy drug use the day  before? |  | |  | |  |  |  | ***‘Eye opener’ or Hair of the dog*** |
| 9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs? | Never | | Less often than once a month | | Every month | Every week | Daily or almost daily | ***Objective: Guilt feelings*** |
| 10. Have you or anyone else been mentally/physically hurt because you used drugs? | No | | Yes, but not over the last year | | Yes, over the last year |  |  | ***Objective: Harmful use*** |
| 11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs? | No | | Yes, but not over the last year | | Yes, over the last year |  |  | ***Objective: Concern from others*** |
|  |  | |  |

**DAST-10**

Circle your response

Have you used drugs other than those required for medical reasons?

Have you abused prescription drugs?

Do you abuse more than one drug at a time?

Can you get through the week without using drugs?

Are you always able to stop using drugs when you want to?

Have you had "blackouts" or "flashbacks" as a result of drug use?

Do you ever feel bad or guilty about your drug use?

Does your spouse (or parents) ever complain about your involvement with drugs?

Has drug abuse created problems between you and your spouse or your parents?

Have you lost friends because of your use of drugs?

Have you neglected your family because of your use of drugs?

Have you been in trouble at work because of drug abuse?

Have you lost a job because of drug abuse?

Have you gotten into fights when under the influence of drugs?

Have you engaged in illegal activities in order to obtain drugs?

Have you been arrested for possession of illegal drugs?

Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?

Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc)?

Have you gone to anyone for help for a drug problem?

Have you been involved in a treatment program specifically related to drug use?

**WHO Quality of Life Scale**

Please read the question, assess your feelings, for the last two weeks, and circle the number on the scale for each question that gives the best answer for you.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Very  poor | Poor | Neither poor nor good | Good | Very  good |
| 1 | How would you rate your quality of life? | 1 | 2 | 3 | 4 | 5 |
|  | | | | | | |
|  |  | Very  dissatisfied | Fairly  Dissatisfied | Neither satisfied nor dissatisfied | Satisfied | Very satisfied |
| 2 | How satisfied are you with your health? | 1 | 2 | 3 | 4 | 5 |
| The following questions ask about how much you have experienced certain things in the **last two weeks**. | | | | | | |
|  |  | Not  at all | A  Small amount | A  Moderate amount | A  great deal | An  Extreme amount |
| 3 | To what extent do you feel that physical pain prevents you from doing what you need to do? | 1 | 2 | 3 | 4 | 5 |
| 4 | How much do you need any medical treatment to function in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 5 | How much do you enjoy life? | 1 | 2 | 3 | 4 | 5 |
| 6 | To what extent do you feel your life to be meaningful? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Slightly | Moderately | Very | Extremely |
| 7 | How well are you able to concentrate? | 1 | 2 | 3 | 4 | 5 |
| 8 | How safe do you feel in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 9 | How healthy is your physical environment? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | |
|  |  | Not at all | Slightly | Somewhat | To a great extent | Completely |
| 10 | Do you have enough energy for everyday life? | 1 | 2 | 3 | 4 | 5 |
| 11 | Are you able to accept your bodily appearance? | 1 | 2 | 3 | 4 | 5 |
| 12 | Have you enough money to meet your needs? | 1 | 2 | 3 | 4 | 5 |
| 13 | How available to you is the information you need in your daily life? | 1 | 2 | 3 | 4 | 5 |
| 14 | To what extent do you have the opportunity for leisure activities? | 1 | 2 | 3 | 4 | 5 |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | Not at all | Slightly | | Moderately | | Very | Extremely | |
| 15 | How well are you able to get around physically? | 1 | 2 | | 3 | | 4 | 5 | |
| The following questions ask you to say how good or satisfied you have felt about various aspects of your life over the over the **last two weeks**. | | | | | | | | | |
|  |  | Very Dissatisfied | | Fairly  Dissatisfied | | Neither  Satified nor Dissatisfied | | Satisfied | Very satisfied |
| 16 | How satisfied are you with your sleep? | 1 | | 2 | | 3 | | 4 | 5 |
| 17 | How satisfied are you with your ability to perform your daily living activities? | 1 | | 2 | | 3 | | 4 | 5 |
| 18 | How satisfied are you with your capacity for work | 1 | | 2 | | 3 | | 4 | 5 |
| 19 | How satisfied are you with yourself? | 1 | | 2 | | 3 | | 4 | 5 |
| 20 | How satisfied are you with your personal relationships? | 1 | | 2 | | 3 | | 4 | 5 |
| 21 | How satisfied are you with your sex life? | 1 | | 2 | | 3 | | 4 | 5 |
| 22 | How satisfied are you with the support you get from your friends? | 1 | | 2 | | 3 | | 4 | 5 |
| 23 | How satisfied are you with the conditions of your living place? | 1 | | 2 | | 3 | | 4 | 5 |
| 24 | How satisfied are you with your access to health services? | 1 | | 2 | | 3 | | 4 | 5 |
| 25 | How satisfied are you with your transport? | 1 | | 2 | | 3 | | 4 | 5 |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| The following question refers to **how often** you have felt or experienced certain things in the last two weeks. | | | | | | |
|  |  | Never | Infrequently | Sometimes | Frequently | Always |
| 26 | How often do you have negative feelings such as blue mood, despair, anxiety or depression? | 1 | 2 | 3 | 4 | 5 |

**Satisfaction with Life Scale**

* + 1. In most ways my life is close to my ideal.
    2. The conditions of my life are excellent.
    3. I am satisfied with my life.
    4. So far, I have gotten the important things I want in life.
    5. If I could live my life over, I would change almost nothing.

**Debriefing Form**

Debriefing Form

Thank you for taking part in our research! Now that your contribution has finished, let us explain the rationale behind this work.

There are currently no available self-report measures on the benefits of substance use. The current study aims to validate a self-report measure that assess the benefits of substance use across multiple domains.

Data from this study will help us gain a fuller picture of how substances affect people. We ultimately hope that the information learned from this study will help clinicians better understand how and why people use substances. Your participation is greatly appreciated! We cannot associate your responses with identifying information.

Contacts & Questions:If you have any questions about this study, you may contact the main researcher Bryant Stone at bryant.stone@siu.edu or my faculty advisor Dr. David Gilbert at 618-453-3527 or dgilbert@siu.edu for more information. We work in the School of Psychological and Behavioral Sciences.

This project has been reviewed and approved by the SIUC Institutional Review Board. Questions concerning your rights as a participant in this research may be addressed to the committee chairperson, Office of Research Compliance, SIUC, Carbondale, IL 62901.  Phone (618)453-4534. E-mail: [siuhsc@siu.edu](about:blank)