ADS

Instructions
The questions in this questionnaire are numbered. Match the number of the question with the number on your answer sheet. All questions should be answered on your answer sheet. Skipped or unanswered questions are scored negatively. Do not skip any questions.

This questionnaire measures truthfulness. Do not give false information. Your records may be checked to verify the information provided.

Drinking refers to beer, wine and other liquors. Drugs refer to both prescription and nonprescription (illegal) drugs.

When you understand these instructions – begin.

Section 1
Answer the following questions **True** or **False**. When a statement is true put an X under **T** for True. When a statement is false put an X under **F** for False on your answer sheet.

1. Sometimes I worry about what other people think or say about me.
2. I am concerned about my drinking.
3. I have been told I have a drug problem.
4. There are times when I am very unhappy.
5. I often drink more or use more drugs than I intended.
6. I have used nonprescription or illegal drugs more than I should.
7. It bothers me when I am overlooked or ignored by people I know.
8. My drinking is more than just a little or minor problem.
9. Smoking marijuana helps me settle down, relax and feel good.
10. There have been times when I have been jealous or resentful of others.
11. When I drink a lot my personality changes and I seem like a different person.
12. There are times when I am really depressed.
13. When offered drugs, I may or may not use them. It depends on how I feel at the time.
14. I was not caught for some of the things I have done that were wrong.
15. I have been told I have a drinking problem.
16. My use of drugs has threatened my happiness and success in life.
17. There are times when I am concerned that others may not approve of me.
18. Within the last five years, I have had two or more blackouts (memory losses) after drinking.
19. I have gone to Narcotics Anonymous (NA) or Cocaine Anonymous (CA) meetings because of my drug problem.
20. I spend a lot of time getting alcohol and/or drugs, using them and recovering from their effects.
21. There are times when I really worry about my responsibilities and happiness.
22. I am a recovering alcoholic. I have an alcohol-related problem, but do not drink anymore.
23. I have tried to cut down or stop using drugs, but I still use them.
24. I have been embarrassed or worried about mistakes I have made.
25. I have been in a chemical dependency treatment program for my drug problem.
26. There are times when I get very discouraged.
27. Last year, drinking was a problem for me.
28. I have lied to people about my use of drugs -- either minimizing how much I use, or hiding the fact that I use drugs at all.

29. I do not always tell the whole truth when asked about my money (finances) or personal life.
30. I am worried that I might have a drinking problem.
31. I have gone to someone for help about my drug related problem.
32. I have given up important social, occupational and/or recreational activities because of my alcohol and/or drug abuse.
33. There are times when I get frustrated and really angry.
34. My drinking is a serious problem.
35. I have used drugs like marijuana, crack, ice, cocaine, amphetamines, barbiturates or heroin within the last year.
36. My alcohol and/or drug use has resulted in absences from school and/or work, or poor work performance due to hangovers.
37. There have been times when I have had a job but did not want to go to work.
38. Within the last year, my family has been concerned about my drinking.
39. I have neglected my children or household duties and responsibilities because of my alcohol and/or drug use.
40. There have been times I have felt guilty about using drugs.
41. I have had to use more alcohol and/or drugs to get as high as I did in the past.
42. I have done things when angry or mad that I regret.
43. I have continued my alcohol and/or drug use despite recurrent arguments or fights with family members about my substance use.
44. There are times when I really worry about myself and my future.
45. I need help to overcome my drinking problem.
46. In the last year, using drugs has been a problem for me.
47. Within the last year, I have had intense desires or cravings for my substance (alcohol/drugs) of choice.
48. There have been times when I have been concerned about my sex life.
49. I have lied to people about my drinking--either minimizing how much I really drink, or hiding the fact that I drink at all.
50. I have a drug abuse or drug-related problem.
51. Sometimes I get angry and upset at myself.
52. I have asked for help with my drinking or alcohol-related problem.
53. I am in treatment for a drug problem.
54. There are times when I am concerned that others may think badly of me.
55. I have a drinking problem.
56. I continue to use drugs despite family arguments about my drug use.
57. I have been treated (counseling, outpatient or inpatient treatment) for a drinking problem.
58. I am a recovering drug abuser. I have not used drugs for at least a month, but I have a drug related problem.
59. There are times when I am really down, depressed and discouraged.
60. I have been told I am an alcoholic.
61. I get upset when others criticize me.
62. I have attended Alcoholics Anonymous (AA) meetings for help with my drinking.
63. I am dependent on drugs and may be addicted to them.
64. I continue to drink or use drugs even though I am aware of the harmful effects of repeated alcohol and/or drug use.
65. I use and sometimes abuse drugs.

Section 2

Rate yourself on the next series of statements. Put an **X** under the number (**1, 2, 3** or **4**) that applies to you **now**. Use the following rating scale.

1. Rare or Never	**3.** Often
2. Sometimes	**4.** Very Often or Always

66. Exercise/Physical Activity
67. Positive Attitude/Outlook
68. Dissatisfied with Life
69. Good Sense of Humor/Laugh
70. Anxious/Worried/Fearful

71. Depressed/Discouraged
72. Insomnia/Trouble Sleeping
73. Satisfied with Self/Like Self
74. Financially Stable/Responsible
75. Enthusiastic/Involved in Life

76. Tension/Stress/Nervous
77. Fatigued/Tired/Sluggish
78. Directly Deal with Problems
79. Emotionally Upset/Crying
80. Angry/Hostile with Others

81. Lonely/Unhappy
82. Able to Handle Life's Problems
83. Nervous/Unable to Relax
84. Patient/Tolerant/Understanding
85. Can't Make Decisions/Indecisive

86. Work/Job Satisfaction
87. Admit My Errors/Mistakes
88. Bored/Restless/Uninterested
89. Accept Constructive Criticism
90. Trust My Own Judgment

91. Stomach Problems/Acidity
92. Difficulty with Others/Conflict
93. Adaptable/Adjustable
94. Marital/Family Problems
95. Self-Reliant/Independent

Section 3

Select the answer to each of the following statements that is accurate for you. Put an **X** under the number (**1, 2, 3** or **4**) that applies to you **now**.

96. My repeated alcohol and/or drug use has resulted in:
    1. Absences or poor performance at school or work
    2. My neglecting children and/or household duties and responsibilities
    3. Both 1 and 2
    4. None of the above

97. I have repeatedly used alcohol and/or drugs:
    1. In physically hazardous or dangerous situations like swimming, boating or skiing
    2. Before driving or operating machinery
    3. Both 1 and 2
    4. None of the above

98. My repeated alcohol and/or drug use has resulted in:
    1. Substance-related legal problems
    2. Alcohol and/or drug-related arrests
    3. Both 1 and 2
    4. None of the above

99. I have continued alcohol and/or drug use despite persistent or recurrent:
    1. Social and interpersonal problems
    2. Arguments or fights with my family about my substance use
    3. Both 1 and 2
    4. None of the above

100. I have:
    1. Had serious physical, social, emotional and/or mental problems due to my use of alcohol and/or drugs
    2. Continued to use alcohol and/or drugs even though I know they cause serious problems for me
    3. Both 1 and 2
    4. None of the above

101. Within the last year I have noticed:
    1. I use a lot more alcohol or drugs to get intoxicated or high
    2. I do not get intoxicated or high when I use the same amount of alcohol or drugs that I used in the past
    3. Both 1 and 2
    4. None of the above

102. I have had withdrawal symptoms like trouble sleeping, tremors, sweating, headaches, nausea or vomiting:
    1. After reducing alcohol and/or drug use
    2. When I stopped heavy alcohol or drug use
    3. Both 1 and 2
    4. None of the above

103. With regard to alcohol or drug use, I:
    1. Use them to avoid withdrawal symptoms
    2. Take more alcohol and/or drugs to relieve or reduce withdrawal symptoms
    3. Both 1 and 2
    4. None of the above

104. When drinking or using drugs I often:
    1. Use more (larger amounts) than I intended
    2. Use over a longer period than I intended
    3. Both 1 and 2
    4. None of the above

105. I have tried but I cannot:
    1. Reduce, cut down or control my use of alcohol and/or drugs
    2. Stop using alcohol and/or drugs
    3. Both 1 and 2
    4. None of the above

106. With regard to alcohol and/or drugs, I:
    1. Spend a lot of time obtaining or getting alcohol or drugs
    2. Spend a lot of time taking or recovering from alcohol or drug use
    3. Both 1 and 2
    4. None of the above

107. I have been high, drunk or have had withdrawal symptoms after using alcohol and/or drugs:
    1. Before or during school, work or important family functions
    2. While driving a vehicle (car, truck or machinery)
    3. Both 1 and 2
    4. None of the above

108. I have:
    1. Cut down or stopped doing many of the things I used to do because of alcohol and/or drugs
    2. Spent more time using alcohol and/or drugs and less time with my family or friends
    3. Both 1 and 2
    4. None of the above

109. How would you describe your drinking?
    1. A serious problem
    2. A moderate problem
    3. A mild or slight problem
    4. No problem

110. How much motivation or desire do you have for alcohol rehabilitation, treatment or help?
    1. I want help (highly motivated)
    2. Undecided (some motivation)
    3. Handle it myself (little motivation)
    4. No need

111. How many different treatment programs for alcohol problems have you been enrolled in?
    1. One
    2. Two or three
    3. Four or more
    4. None

112. Recovering means having an alcohol or drug problem, but not using or abusing them anymore. I am a recovering:
    1. Alcoholic
    2. Drug abuser
    3. Both 1 and 2
    4. None of the above

113. How would you describe your drug use?
    1. A serious problem
    2. A moderate problem
    3. A mild or slight problem
    4. No problem

114. How many different treatment programs for drug problems have you been enrolled in?
    1. One
    2. Two or three
    3. Four or more
    4. None

115. How much motivation or desire do you have for drug rehabilitation, treatment or help?
    1. I want help (highly motivated)
    2. Undecided (some motivation)
    3. Handle it myself (little motivation)
    4. No need

116. My substance of choice or preferred substance is:
    1. Alcohol
    2. Drugs
    3. Both alcohol and drugs
    4. None of the above

ADScreen

COMPLETE THE FOLLOWING INFORMATION

First Name:_____
Please Print

Middle Name or Initial: _____

Last Name: _____

Last 4 Digits of Your SSN: ____ ____ ____ ____

Age: _____ Sex: _____

Date of Birth: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

Race/Ethnicity:_____

Education (highest grade completed): _____

Marital Status: _____
Married / Single / Divorced / Widowed

Today's Date: ___ ___ / ___ ___ / ___ ___ ___ ___
Month Day Year

In the following, number means the total number in your lifetime.

1. Number of **alcohol**-related (not DUI/DWI) arrests: ..... _____

2. Number of **drug**-related (not DUI/DWI) arrests: ..... _____

3. Number of DUI/DWI arrests: ..... _____

4. Diagnosed an Alcoholic: Yes: ☐ No: ☐

5. Diagnosed Drug Dependent: Yes: ☐ No: ☐

6. Diagnosed Substance Dependent: Yes: ☐ No: ☐

Section 1

If a statement is **True** put an **X** under T for **True.** If a statement is **False** put an **X** under F for **False.**

	T	F		T	F
1.	____	____	33.	____	____
2.	____	____	34.	____	____
3.	____	____	35.	____	____
4.	____	____	36.	____	____
5.	____	____	37.	____	____
6.	____	____	38.	____	____
7.	____	____	39.	____	____
8.	____	____	40.	____	____
9.	____	____	41.	____	____
10.	____	____	42.	____	____
11.	____	____	43.	____	____
12.	____	____	44.	____	____
13.	____	____	45.	____	____
14.	____	____	46.	____	____
15.	____	____	47.	____	____
16.	____	____	48.	____	____
17.	____	____	49.	____	____
18.	____	____	50.	____	____
19.	____	____	51.	____	____
20.	____	____	52.	____	____
21.	____	____	53.	____	____
22.	____	____	54.	____	____
23.	____	____	55.	____	____
24.	____	____	56.	____	____
25.	____	____	57.	____	____
26.	____	____	58.	____	____
27.	____	____	59.	____	____
28.	____	____	60.	____	____
29.	____	____	61.	____	____
30.	____	____	62.	____	____
31.	____	____	63.	____	____
32.	____	____	64.	____	____
			65.	____	____

Section 2

Rate yourself on the next series of statements. Put an **X** under the number (**1, 2, 3** or **4**) that applies to you **now**. Use the following rating scale.

1. Rare or Never	**3.** Often
2. Sometimes	**4.** Very Often or Always

	1	2	3	4
66.	_____	_____	_____	_____
67.	_____	_____	_____	_____
68.	_____	_____	_____	_____
69.	_____	_____	_____	_____
70.	_____	_____	_____	_____
71.	_____	_____	_____	_____
72.	_____	_____	_____	_____
73.	_____	_____	_____	_____
74.	_____	_____	_____	_____
75.	_____	_____	_____	_____
76.	_____	_____	_____	_____
77.	_____	_____	_____	_____
78.	_____	_____	_____	_____
79.	_____	_____	_____	_____
80.	_____	_____	_____	_____
81.	_____	_____	_____	_____
82.	_____	_____	_____	_____
83.	_____	_____	_____	_____
84.	_____	_____	_____	_____
85.	_____	_____	_____	_____
86.	_____	_____	_____	_____
87.	_____	_____	_____	_____
88.	_____	_____	_____	_____
89.	_____	_____	_____	_____
90.	_____	_____	_____	_____
91.	_____	_____	_____	_____
92.	_____	_____	_____	_____
93.	_____	_____	_____	_____
94.	_____	_____	_____	_____
95.	_____	_____	_____	_____

Section 3

Select the answer to each of the following statements that is accurate for you. Put an **X** under the number (**1, 2, 3** or **4**) that applies to you **now**.

	1	2	3	4
96.	_____	_____	_____	_____
97.	_____	_____	_____	_____
98.	_____	_____	_____	_____
99.	_____	_____	_____	_____
100.	_____	_____	_____	_____
101.	_____	_____	_____	_____
102.	_____	_____	_____	_____
103.	_____	_____	_____	_____
104.	_____	_____	_____	_____
105.	_____	_____	_____	_____
106.	_____	_____	_____	_____
107.	_____	_____	_____	_____
108.	_____	_____	_____	_____
109.	_____	_____	_____	_____
110.	_____	_____	_____	_____
111.	_____	_____	_____	_____
112.	_____	_____	_____	_____
113.	_____	_____	_____	_____
114.	_____	_____	_____	_____
115.	_____	_____	_____	_____
116.	_____	_____	_____	_____

Thank you for your cooperation!