# SUBSTANCES AND CHOICES SCALE

Name....................................................................

Date of birth.................... No....................

*The SACS is only to be used by health professionals working with young people who are engaged in a treatment agency.*

The questions in part A) and B) are about your use of <u>alcohol and drugs</u> over the last month. This <u>does not</u> include tobacco or prescribed medicine. Please answer every question as best you can, even if you are not certain. Tick only one box on each row.

## A) How often did you use each of the following *in the last month?*

| | Didn't use | Once a week or less | More than once a week | Most days or more |
|---|---|---|---|---|
| 1. Alcoholic drinks (e.g. beer, wine, spirits, premixes) | ☐ | ☐ | ☐ | ☐ |
| 2. Cannabis (e.g. weed, marijuana) | ☐ | ☐ | ☐ | ☐ |
| 3. Ecstasy and other party pills (e.g. 'E', Methadrone, BZP) | ☐ | ☐ | ☐ | ☐ |
| 4. Hallucinogens (e.g. LSD, acid, mushrooms, ketamine) | ☐ | ☐ | ☐ | ☐ |
| 5. Inhalants (e.g. glue, petrol, solvents, paint, nitrous) | ☐ | ☐ | ☐ | ☐ |
| 6. Amphetamines (e.g. speed, 'P', ice, whiz) | ☐ | ☐ | ☐ | ☐ |
| 7. Sedatives (e.g. sleeping pills, benzos, downers, valium) | ☐ | ☐ | ☐ | ☐ |
| 8. Synthetic cannabinoids (smokable 'herbal highs') | ☐ | ☐ | ☐ | ☐ |
| 9. Opiates (e.g. heroin, morphine, methadone, codeine) | ☐ | ☐ | ☐ | ☐ |
| 10. Cocaine (e.g. coke, crack, blow) | ☐ | ☐ | ☐ | ☐ |
| 11. Other drug. *Write name here* | ☐ | ☐ | ☐ | ☐ |
| 12. Other drug. *Write name here* | ☐ | ☐ | ☐ | ☐ |

## B) Mark <u>one</u> box (on each row), on the basis of how things have been for you *over the last month.*

| | Not True | Somewhat True | Certainly True |
|---|---|---|---|
| 1. I took alcohol or drugs when I was alone. | ☐ | ☐ | ☐ |
| 2. I've thought I might be hooked or addicted to alcohol or drugs. | ☐ | ☐ | ☐ |
| 3. Most of my free time has been spent getting hold of, taking, or recovering from alcohol or drugs. | ☐ | ☐ | ☐ |
| 4. I've wanted to cut down on the amount of alcohol and drugs that I am using. | ☐ | ☐ | ☐ |
| 5. My alcohol and drug use has stopped me getting important things done. | ☐ | ☐ | ☐ |
| 6. My alcohol or drug use has led to arguments with the people I live with (family, flatmates or caregivers etc.). | ☐ | ☐ | ☐ |
| 7. I've had unsafe sex or an unwanted sexual experience when taking alcohol or drugs. | ☐ | ☐ | ☐ |
| 8. My performance or attendance at school (or at work) has been affected by my alcohol or drug use. | ☐ | ☐ | ☐ |
| 9. I did things that could have got me into serious trouble (stealing, vandalism, violence etc) when using alcohol or drugs. | ☐ | ☐ | ☐ |
| 10. I've driven a car while under the influence of alcohol or drugs (or have been driven by someone under the influence). | ☐ | ☐ | ☐ |

SACS difficulties scale [ ]

**YOUR SACS DIFFICULTIES MOUNTAIN RANGE**

Connect the boxes with a straight line and turn the page up this way to see your SACS Difficulties Mountain Range like here. Is your progress smooth or rocky?

## C) Finally, how often have you used tobacco (e.g. cigarettes, cigars) *in the last month?*

| Never | Once a week or less | More than once a week | Most days or more |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

Date completed............................ Clinician ..............................................

Notes..................................................................................................................
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