

## Severity of Substance Use (Past 30 days) v1.0 – Short Form 7a

Please respond to each question or statement by marking one box per row.

SUDSSVSC01d In the past 30 days, have you used drugs, other than alcohol or your prescribed medications?	<b>Yes</b>	<b>No</b>	Name:  DOB:
	<input type="checkbox"/> 2	<input type="checkbox"/> 1	

	<b>In the past 30 days...</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
SUDSSV01d	I felt that my drug use was out of control.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<b>In the past 30 days...</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
SUDSSV02d	My desire to use drugs seemed overpowering.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSSV03d	Drugs were the only thing I could think about.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSSV05d	My drug use caused problems with people close to me.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<b>In the past 30 days...</b>	<b>Not at all</b>	<b>A little bit</b>	<b>Somewhat</b>	<b>Quite a bit</b>	<b>Very much</b>
SUDSSV07d	I have a drug problem.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
	<b>In the past 30 days...</b>	<b>Never</b>	<b>Rarely</b>	<b>Sometimes</b>	<b>Often</b>	<b>Almost always</b>
SUDSSV12d	I craved drugs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
SUDSSV17d	I spent a lot of time using drugs.....	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**For office use only:**

**T-Score:**