

RISK PREDICTION SCALES

For each item below, circle the number which reflects how often during the last six months you have experienced the situation described.

The numbers represent the following categories:

0 = Never 1 = Once or Twice 2 = Several times 3 = Repeatedly

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|---|---|---|---|---|---|---|---|---|
| 1 | 2 | 3 | 1. HAD DRINKS WITH LUNCH? | 0 | 1 | 2 | 3 | 1. TAKEN DRUGS TO "EXPAND YOUR CONSCIOUSNESS" (E.G. THOUGHTS, FEELINGS, IDEAS)? |
| 1 | 2 | 3 | 2. TAKEN A DRINK OR DRINKS TO HELP YOU EXPRESS YOUR FEELINGS OR IDEAS? | 0 | 1 | 2 | 3 | 2. TAKEN DRUGS TO HELP YOU FEEL MORE AT EASE WITH A PROBLEM? |
| 1 | 2 | 3 | 3. TAKEN A DRINK OR DRINKS TO RELIEVE A TIRED FEELING OR PEP YOU UP WHEN YOU HAVE TO KEEP GOING? | 0 | 1 | 2 | 3 | 3. TAKEN DRUGS TO EXPAND YOUR SENSES (E.G. SIGHT, HEARING, TOUCH, ETC.)? |
| 1 | 2 | 3 | 4. HAD MORE TO DRINK THAN YOU INTENDED TO? | 0 | 1 | 2 | 3 | 4. TAKEN DRUGS TO ENHANCE SEXUAL PERFORMANCE OR ENJOYMENT? |
| 1 | 2 | 3 | 5. HAD A BAD OR UNPLEASANT PHYSICAL EFFECT FROM DRINKING? (E.G. NAUSEA, VISUAL/HEARING IMPAIRMENT, DIZZINESS, ETC.) | 0 | 1 | 2 | 3 | 5. TAKEN DRUGS TO HELP FORGET FEELINGS OF INADEQUACY? |
| 1 | 2 | 3 | 6. GOTTEN INTO TROUBLE ON THE JOB, IN SCHOOL, OR AT HOME BECAUSE OF DRINKING? | 0 | 1 | 2 | 3 | 6. TAKEN DRUGS TO FORGET SCHOOL, WORK, OR FAMILY PRESSURES? |
| 1 | 2 | 3 | 7. BECOME DEPRESSED AFTER HAVING SOBERED UP? | 0 | 1 | 2 | 3 | 7. GOTTEN INTO TROUBLE WITH THE LAW BECAUSE OF DRUGS? |
| 1 | 2 | 3 | 8. BEEN IN VERBAL ARGUMENTS WITH YOUR FAMILY OR FRIENDS BECAUSE OF DRINKING? | 0 | 1 | 2 | 3 | 8. GOTTEN REALLY STONED OR WIPED OUT ON DRUGS (MORE THAN JUST HIGH)? |
| 1 | 2 | 3 | 9. HAD A SPONTANEOUS REOCCURANCE OF THE EFFECTS OF DRINKING (E.G. FLASHBACKS, HALLUCINATIONS, ETC.) AFTER A PERIOD OF ABSTINENCE? | 0 | 1 | 2 | 3 | 9. TRIED TO CONVINCE A DOCTOR THAT YOU REALLY NEEDED SOME PRESCRIPTION DRUG (E.G. TRANQUILIZERS, PAIN KILLERS, DIET PILLS, ETC.)? |
| 1 | 2 | 3 | 10. EXPERIENCED BROKEN RELATIONSHIPS (E.G. LOSS OF FRIENDS, SEPARATION, DIVORCE, ETC.) BECAUSE OF DRINKING? | 0 | 1 | 2 | 3 | 10. SPENT YOUR SPARE TIME IN DRUG-RELATED ACTIVITIES (E.G. TALKING ABOUT DRUGS, BUYING, SELLING, TAKING, ETC.)? |
| 1 | 2 | 3 | 11. BECOME NERVOUS OR HAD THE SHAKES AFTER HAVING SOBERED UP? | 0 | 1 | 2 | 3 | 11. USED DRUGS IN COMBINATION WITH DRINKING ALCOHOL? |
| 1 | 2 | 3 | 12. TRIED TO COMMIT SUICIDE WHILE DRUNK? | 0 | 1 | 2 | 3 | 12. CONTINUED TO TAKE A DRUG OR DRUGS IN ORDER TO AVOID THE DISCOMFORT OF WITHDRAWAL? |
| | | | | 0 | 1 | 2 | 3 | 13. FELT YOUR DRUG USE HAS KEPT YOU FROM GETTING WHAT YOU WANT OUT OF LIFE? |
| | | | | 0 | 1 | 2 | 3 | 14. BEEN ACCEPTED INTO A TREATMENT PROGRAM BECAUSE OF DRUG USE? |