## NAME/ID:

## DATE:



We are interested in your own beliefs about your experiences with substance use. We are NOT interested in what others believe or may wish you to believe.

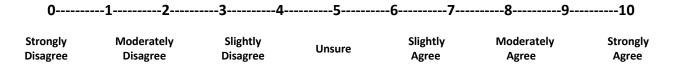
Indicate if you have <u>ever</u> had any of the following experiences <u>either during or between drug use</u> by reading the questions and marking **E** either Yes or No.

the questions and marking Eachter residing.			
		Yes	No
A)	Restlessness?		
B)	Nervousness or anxiety?		
C)	Irritability, mood swings, agitation, or aggression?		
D)	Changes in appetite?		
E)	Trouble concentrating or remembering things?		
F)	Sleep disturbances (e.g. sleeping too much or too little)?		
G)	Fatigue or drowsiness?		
H)	Depressed mood, hopelessness, or despair?		
I)	Suicidal thoughts?		
J)	Difficulty speaking or slurred speech?		
K)	Lack of coordination, unsteadiness, or difficulty controlling movements?		
L)	Tremors, shakiness, or other abnormal movements?		
M)	Excessive sweating?		
N)	Intense drug cravings?		
0)	Persistent thoughts about drug use?		
P)	Chest pain, shortness of breath, increased heart rate or blood pressure?		
Q)	Nausea, vomiting, diarrhea, or constipation?		
R)	Severe muscle or bone pain?		
S)	Flu-like symptoms?		
T)	Hot or cold flashes?		
U)	Paranoia, illusions, hallucinations, or flashbacks?		
V)	Other:		

☐ If '**No**' to ALL of the above, please go to the next page.

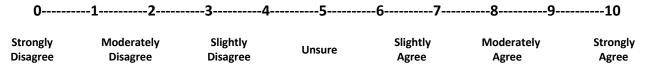
☐ If '**Yes**' to any of the above, indicate the extent to which you agree or disagree <u>at the present moment</u> with the following statement by circling the appropriate number, keeping in mind your experiences.

1) My experiences are due to my substance use.



Please indicate the extent to which you agree or disagree <u>at the present moment</u> with each of the following statements by circling the appropriate number.

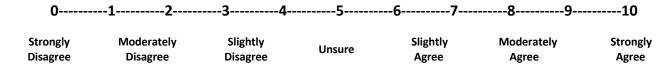
2) I have a substance use problem.



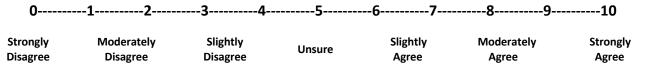
3) I NEED help for my substance use.



4) I always use substances responsibly.



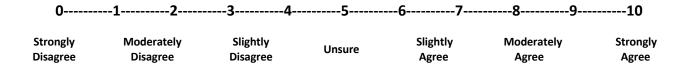
5) I can safely continue my current substance use habits.



6) My substance use has led <u>or</u> can lead to negative consequences in my life (e.g. addiction, health, work, family, social, financial, or legal issues).



7) I NEED treatment for my substance use.



## **THE END**