

## Nebraska Standardized Model: Simple Screening Instrument

The questions that follow are about your use of alcohol and other drugs. Mark the response that best fits for you. Answer the question in terms of your experiences in the past 6 months. *In the past 6 months.*

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|-----|--|-----|----|
| 1.  | Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin, or the other opiates, uppers, downers, hallucinogens or inhalants.)   | Yes | No |
| 1a. | When did you first use alcohol or other drugs (excluding tobacco)?   |     |    |
| 1b. | When did you last use alcohol or other drugs (excluding tobacco)?  |     |    |
| 2.  | Have you felt that you use too much alcohol or other drugs?  | Yes | No |
| 3.  | Have you tried to cut down or quit using alcohol or other drugs?   | Yes | No |
| 4.  | Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.)                           | Yes | No |
| 5.  | Have you had any of the following?   |     |    |
| a.  | Blackouts or other periods of memory loss?   | Yes | No |
| b.  | Injured your head after drinking or using drugs?   | Yes | No |
| c.  | Had convulsions delirium tremens ("DT's")?   | Yes | No |
| d.  | Hepatitis or other liver problems?   | Yes | No |
| e.  | Felt sick, shaky, or depressed when you stopped?   | Yes | No |
| f.  | Felt a crawling feeling under the skin when you stopped using drugs?   | Yes | No |
| g.  | Been injured after drinking or using?  | Yes | No |
| h.  | Used needles to shoot drugs?   | Yes | No |
| 6.  | Has drinking or using drugs caused problems between you and your family or friends?  | Yes | No |
| 7.  | Has drinking or drug use caused problems at school or at work? (Including attendance.)   | Yes | No |
| 8.  | Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.)   | Yes | No |
| 9.  | Have you lost your temper or gotten into arguments or fights while using alcohol or drugs?   | Yes | No |
| 10. | Have you needed a drink or use drugs more and more to get the effect you want?   | Yes | No |
| 11. | Have you spent a lot of time thinking about or trying to get alcohol or drugs?   | Yes | No |
| 12. | When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? | Yes | No |
| 13. | Have you felt bad or guilty about your alcohol or drug use?  | Yes | No |

The next questions are about your *lifetime* experience.

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|-----|---|-----|----|
| 14. | Have you <u>ever</u> had a drinking or drug problem?                        | Yes | No |
| 15. | Have any of your family members <u>ever</u> had a drinking or drug problem? | Yes | No |
| 16. | Do you feel that you have a drinking problem now?                           | Yes | No |

The next questions are about your *experience* with gambling.

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|-----|---|-----|----|
| 17. | Have you ever had to lie to people important to you about how much gambled? | Yes | No |
| 18. | Have you ever felt the need to bet more and more money?                     | Yes | No |