

# SUBSTANCE USE SURVEY (SUS) - IA

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Author

DACOD NO. \_\_\_\_\_  
Program No. \_\_\_\_\_

DESCRIPTIVE INFORMATION					
NAME _____		CLINICIAN _____		CATCHMENT AREA _____	
DATE _____	AGE _____	GENDER: [ ] Male	[ ] Female	YEARS OF SCHOOLING _____	
ETHNICITY: [ ] Anglo [ ] Black [ ] Hispanic [ ] Native American [ ] Other					

**INFORMATION AND INSTRUCTIONS ON THE USE OF THIS SURVEY**

This booklet contains questions about how you see yourself. Some questions have to do with your feelings and emotions and others have to do with the use of alcohol and drugs. The information you provide will be treated as strictly confidential and will only be used by your counselors. Be as honest as you can. This will help those who are working with you to understand your concerns and questions about yourself, and about your use of alcohol and other drugs. For each question in this survey, circle the letter under the answer that best fits you. **NOW YOU MAY TURN THE PAGE AND BEGIN TO ANSWER THE QUESTIONS.**

SUMMARY OF SUBSTANCE USE SURVEY (FOR STAFF USE ONLY)

<p>1. Degree of involvement in the use of alcohol and other drugs?</p> <p>Minimal    Low            Moderate        High</p> <p>0   1   2   3   4   5   6   7   8   9</p>	<p>5. Level of Recommended drug/alcohol services?</p> <p>[ ] Prevention</p> <p>[ ] Intervention</p> <p>[ ] Treatment</p>	<p>8. Referral Source:</p> <p>[ ] Denver J. C.</p> <p>[ ] Denver DSS</p> <p>[ ] Municipal C.</p> <p>[ ] Diversion</p> <p>[ ] Pretrial</p> <p>[ ] OYS</p>
<p>2. Degree of disruption of life functioning due to the use of alcohol or other drugs?</p> <p>Minimal    Low            Moderate        High</p> <p>0   1   2   3   4   5   6   7   8   9</p>	<p>6. Level of intensity of drug/alcohol services?</p> <p>[ ] Low</p> <p>[ ] Moderate</p> <p>[ ] High</p>	<p>9. Summary:</p> <p style="text-align: right;">L      P</p> <p>ALC    ___    ___</p> <p>THC    ___    ___</p> <p>CC      ___    ___</p> <p>AMP    ___    ___</p> <p>OTHER ___    ___</p>
<p>3. Degree of mental health problems?</p> <p>Minimal    Low            Moderate        High</p> <p>0   1   2   3   4   5   6   7   8   9</p>	<p>7. Method of Administering SUS IA?</p> <p>[ ] Face-to-face interview</p> <p>[ ] Group</p> <p>[ ] Computer</p>	
<p>4. Degree of motivation for counseling or other help?</p> <p>Minimal    Low            Moderate        High</p> <p>0   1   2   3   4   5   6   7   8   9</p>		

SUS Profile Summary IA

SCALE NAME	RAW SCORE	DECILE RANK										NUMBER IN NORM SAMPLE*																			
		Low			Low-medium			High-medium			High																				
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	18	50													
1. INVOLVEMENT		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	18	50	480											
2. DISRUPTION		0	1	2	3	4	5	6	7	8	9	10	11	12	13	15	16	17	19	24	25	34	77	480							
3. MOOD ADJUST		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	486							
4. DEFENSIVE		0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	25	426							
5. MOTIVATE		0	6	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	24	25	27	28	29	31	34	35	39	45	46	120	426
6. OADS		0	5	7	8	9	11	12	13	14	15	16	17	18	19	20	21	22	24	25	27	28	29	31	34	35	39	45	46	120	460
7. SUSR		0	1	2	4	5	6	7	8	9	10	11	12	13	14	15	16	18	19	20	21	22	23	24	25	26	27	28	29	30	476
		1	10	20	30	40	50	60	70	80	90	99																			

PERCENTILE

Juvenile Justice: Probation

Below are different kinds of drugs that people have had a chance to use or that people do use. For each of the following drugs, circle the letter under the answer that best fits you. Also, if you did use the drug, write down how old you were when you first used the drug and also check the last column if you used the drug within the past three months.

Name of drug	Never had a chance to use	Had a chance but did not use	Number of cigarettes a day				Age you first smoked	Smoked in past month
			1-5 a day	6-10 a day	11-20 a day	More 21 a day		
1. Cigarettes (tobacco)	a	b	c	d	e	f	_____	_____
	Never had a chance to use	Had a chance but did not use	Used 1-10 times	Used 11-25 times	Used 26-50 times	Used more than 50 times	Age first used	Used in last three months
2. Beer	a	b	c	d	e	f	_____	_____
3. Wine or wine coolers	a	b	c	d	e	f	_____	_____
4. Hard liquor (whiskey, gin, etc)	a	b	c	d	e	f	_____	_____
5. Marijuana (pot, weed, joint, hash, THC)	a	b	c	d	e	f	_____	_____
6. Cocaine (coke, crack, rock)	a	b	c	d	e	f	_____	_____
7. Amphetamines (speed, black beauties, ice, uppers, crystal)	a	b	c	d	e	f	_____	_____
8. Acid (LSD)	a	b	c	d	e	f	_____	_____
9. Mushrooms (shrooms)	a	b	c	d	e	f	_____	_____
10. PCP (angel dust)	a	b	c	d	e	f	_____	_____
11. Huffed or sniffed glue	a	b	c	d	e	f	_____	_____
12. Huffed gasoline	a	b	c	d	e	f	_____	_____
13. Huffed paint	a	b	c	d	e	f	_____	_____
14. Huffed white out	a	b	c	d	e	f	_____	_____
15. Sniffed rush (amyl nitrate, poppers)	a	b	c	d	e	f	_____	_____
16. Heroin (horse, junk, smack)	a	b	c	d	e	f	_____	_____
17. Opium	a	b	c	d	e	f	_____	_____
18. Pain killers (morphine, Percodan)	a	b	c	d	e	f	_____	_____
19. Barbiturates/sedatives (reds, blues, yellows, quaaludes, Dalmane, seconal, sleeping pills)	a	b	c	d	e	f	_____	_____
20. Tranquilizers (valium, Librium, Atavan, Serax, Miltown, Equanil, meprobamates)	a	b	c	d	e	f	_____	_____



As a result of using or coming off of any of the above drugs (including alcohol), how often have any of the following happened to you? Circle the letter under the answer that best fits you. If you have never used drugs, then skip questions 21 through 41 and start again with question 42.

	Never	1 - 3 times	4 - 6 times	7 - 10 times	More than 10 times
21. Had a blackout (forgot what you did but were still awake)?	a	b	c	d	e
22. Passed out (became unconscious)?	a	b	c	d	e
23. Tried to take your life?	a	b	c	d	e
24. Became physically violent?	a	b	c	d	e
25. Became sick to your stomach?	a	b	c	d	e
26. Had physical shakes or tremors?	a	b	c	d	e
27. Unable to go to school or work	a	b	c	d	e
28. Broke the law or committed a crime?	a	b	c	d	e
29. Caused problems with your family?	a	b	c	d	e
30. Lost interest in things?	a	b	c	d	e
31. Stole goods or money in order to buy drugs or alcohol?	a	b	c	d	e
32. Felt guilty and felt bad?	a	b	c	d	e
33. Became very upset and emotional?	a	b	c	d	e
34. Saw or heard things not there?	a	b	c	d	e
35. Had a fast or rapid heart beat?	a	b	c	d	e
36. Became very nervous and tense?	a	b	c	d	e
37. Felt sad and cried?	a	b	c	d	e
38. Felt feverish, hot or sweaty?	a	b	c	d	e
39. Did not eat or sleep?	a	b	c	d	e
40. Felt tired and weak?	a	b	c	d	e
41. Felt rejected by friends?	a	b	c	d	e



For each of the following questions, please circle the letter under the answer for each question which best fits you.

	No	Sometimes	Usually	All the time
42. Have felt nervous or tense (uptight).	a	b	c	d
43. Have felt down or depressed?	a	b	c	d
44. Have worried a lot about things?	a	b	c	d
45. Have felt upset?	a	b	c	d
46. Have gotten angry and lost my temper?	a	b	c	d
47. Haven't gotten along with people?	a	b	c	d
48. Have felt mixed up or confused?	a	b	c	d
49. Have seen or heard things not there when not on drugs?	a	b	c	d
	No	Once	Twice	More than two times
50. Have you had thoughts about not wanting to live (committing suicide)?	a	b	c	d
51. Have you tried to take your life?	a	b	c	d
52. Have you had help for emotional or mental health problems?	a	b	c	d
53. Have you had help for drug or alcohol problems?	a	b	c	d
54. Have you injected drugs (use a needle to take drugs)?	a	b	c	d
	No	A few times	A lot of times	All the time
55. Have you ever been part of a gang or involved in gang activities?	a	b	c	d
56. Have you ever been involved in selling or dealing drugs?	a	b	c	d
	No never	One or two times	Quite a few times	Many times
57. Have you gotten angry with someone?	a	b	c	d
58. Have you ever been unhappy?	a	b	c	d
59. Have you broken the law?	a	b	c	d
60. Have you ever cried or felt sad?	a	b	c	d
61. Have you ever told a lie or not told the truth?	a	b	c	d
	For sure no	Maybe no	Maybe yes	For sure yes
62. Do you want to stop using (or not use) alcohol?	a	b	c	d
63. Do you want to stop using (or not use) drugs other than alcohol?	a	b	c	d
64. Do you plan to stop using alcohol?	a	b	c	d
65. Do you plan to stop using drugs other than alcohol?	a	b	c	d
66. Do you need help with an alcohol problem or other drug use problem?	a	b	c	d
67. Would you be willing to come to a program where people get help for drug and alcohol problems?	a	b	c	d




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END OF SURVEY. THANK YOU.