

CASAA Research Division

## HOW I SEE MY DRUG USE

### Part A.

**In your own words, please write an answer to the following question. If you prefer, the interviewer will write your answer down for you. Here is the question:**

**What do you want to do in the next few months about your drug use or problems?**

**Write your answer below on this page. Please write or print clearly.**

FOR OFFICE USE ONLY

\_\_\_\_\_ Study

\_\_\_\_\_ ID

\_\_\_\_\_ Point

\_\_\_\_\_ Date

\_\_\_\_\_ Raid

HIS000- Revised 1/94 4 Pages

**Part B.**

For each of the following statements, please indicate how true it is for you today by circling the one number that best describes how you see your drug use. If a statement is:

- Definitely true for you, circle 7**
- Mostly true for you, circle 6**
- Somewhat true for you, circle 5**
- Maybe true for you, circle 4**
- Somewhat untrue for you, circle 3**
- Mostly not true for you, circle 2**
- Definitely not true for you, circle 1**

	7	6	5	4	3	2	1
	Definitely	Maybe	Definitely	Not			
1. I am <u>satisfied</u> with my present drug use.	7	6	5	4	3	2	1
2. I am <u>unhappy</u> with my present drug use.	7	6	5	4	3	2	1
3. It would be good for me to <u>cut down</u> on my drug use.	7	6	5	4	3	2	1
4. It would be good for me to <u>stop</u> using drugs altogether	7	6	5	4	3	2	1
5. If I wanted to cut down on my drug use, I <u>could</u> do it.	7	6	5	4	3	2	1
6. If I wanted to stop using drugs altogether, I <u>could</u> do it.	7	6	5	4	3	2	1
7. I am <u>willing</u> to cut down on my drug use.	7	6	5	4	3	2	1
8. I am <u>willing</u> to give up drugs altogether.	7	6	5	4	3	2	1
9. I <u>want</u> to cut down on my drug use.	7	6	5	4	3	2	1
10. I <u>want</u> to give up drugs altogether.	7	6	5	4	3	2	1
11. I am <u>ready</u> now to cut down on my drug use.	7	6	5	4	3	2	1
12. I am <u>ready</u> now to give up drugs altogether.	7	6	5	4	3	2	1
13. During the next two months, I <u>will</u> cut down my drug use.	7	6	5	4	3	2	1
14. During the next two months, I <u>will</u> stop using drugs altogether.	7	6	5	4	3	2	1
	Definitely	Maybe	Definitely	Not			

**Part C.**

Now for each of the following types of drugs, say what you want to do:

Mark (X) "NOT USE AT ALL" if your goal is to avoid this kind of drug completely. (This is also the box to check if you don't use this kind of drug now.)

Mark (X) "CUT DOWN MY USE" if your goal is to reduce your use of this kind of drug.

Mark (X) "CONTINUE USING" if your goal is to keep on using this kind drug the way you have been.

**Mark an X in one box for each type of drug**

<b>TYPES OF DRUGS</b>	<b>NOT USE AT ALL</b>	<b>CUT DOWN MY USE</b>	<b>CONTINUE USING</b>
<b>1. Alcohol</b>			
<b>2. Tobacco</b>			
<b>3. Marijuana or Hashish</b>			
<b>4. Tranquilizers</b>			
<b>5. Sedatives/Downers</b>			
<b>6. Steroids</b>			
<b>7. Stimulants/Uppers</b>			
<b>8. Cocaine</b>			
<b>9. Crack Cocaine</b>			
<b>10. Hallucinogens (LSD, mescaline, peyote)</b>			
<b>11. Heroin</b>			
<b>12. Methadone</b>			
<b>13. Sniffing (glue, gas, paint)</b>			

<b>14. Other drugs:</b>			
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**Part D.**

Finally, please indicate for each kind of drug, how **ABLE** you would be, during the next two months, to:

- a. Stop or refrain from its use altogether  
and
- b. Use it moderately in a way that causes no problems

For each type of drug, indicate your ability to do these things by circling one of these four numbers:

<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>I definitely could do it</b>	<b>I probably could do it</b>	<b>I'm not sure if I could do it</b>	<b>I definitely could <u>not</u> do it</b>

TYPES OF DRUGS	Could you STOP OR REFRAIN FROM USING THIS DRUG COMPLETELY?				Could you USE THIS DRUG MODERATELY IN A WAY THAT CAUSES NO PROBLEMS?			
	Definitely		Definitely Not		Definitely		Definitely Not	
<b>1. Alcohol</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>2. Tobacco</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>3. Marijuana or Hashish</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>4. Tranquilizers</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>5. Sedatives/Downers</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>6. Steroids</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>7. Stimulants/Uppers</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>8. Cocaine</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>9. Crack Cocaine</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>10. Hallucinogens (LSD, mescaline, peyote)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>11. Heroin</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>

<b>12. Methadone</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>
<b>13. Sniffing (glue, gas, paint)</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>	<b>4</b>	<b>3</b>	<b>2</b>	<b>1</b>