

FOR OFFICE USE ONLY	
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## Subjective Experience Questionnaire (SEQ-2D)

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<b>In the PAST 60 DAYS how often did you . .</b>	<b>Several Times a Day</b>	<b>About Once a Day</b>	<b>Most Days</b>	<b>Several Times a Week</b>	<b>About Once a Week</b>	<b>Rarely</b>	<b>Never</b>
<b>1. think about using drugs?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>2. want to use drugs?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>3. want to get high?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>4. feel a strong urge or craving for drugs?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>5. wish you could use drugs to feel better?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>6. have to struggle to keep from using drugs?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
<b>7. feel like you were losing control of your drug use?</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>