

Figure 8. Short Inventory of Problems—Alcohol and Drugs

Blank SIP-AD questionnaire

SIP-AD

INSTRUCTIONS: I am going to read to you a number of events that people sometimes experience in relation to their alcohol/drug use. Please indicate how often each one has happened to you during the past 30 days by telling me the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, answer zero (0).

	During the <u>past 30 days</u> , about how often has this happened to you?	Never	Once or a few times	Once or twice a week	Daily or almost daily
1.	I have been unhappy because of my drinking/drug use.	0	1	2	3
2.	Because of my drinking/drug use, I have not eaten properly.	0	1	2	3
3.	I have failed to do what is expected of me because of my drinking/drug use.	0	1	2	3
4.	I have felt guilty or ashamed because of my drinking/drug use.	0	1	2	3
5.	I have taken foolish risks when I have been drinking/using drugs.	0	1	2	3
6.	When drinking/using drugs, I have done impulsive things that I regretted later.	0	1	2	3
7.	My physical health has been harmed by my drinking/drug use.	0	1	2	3
8.	I have had money problems because of my drinking/drug use.	0	1	2	3
9.	My physical appearance has been harmed by my drinking/drug use.	0	1	2	3
10.	My family has been hurt by my drinking/drug use	0	1	2	3
11.	A friendship or close relationship has been damaged by my drinking/drug use.	0	1	2	3
12.	My drinking/drug use has gotten in the way of my growth as a person.	0	1	2	3
13.	My drinking/drug use has damaged my social life, popularity, or reputation.	0	1	2	3
14.	I have spent too much or lost a lot of money because of my drinking/drug use.	0	1	2	3
15.	I have had an accident while drinking/using drugs/intoxicated.	0	1	2	3

Add columns: + +

Total:

Figure 8. SIP-AD

Figure 8 appears in the UW BHSS Educator’s Guide chapter on Intervention, unit: Harm Reduction.