Severity of Substance Use (Past 3 months) v1.0 – Short Form 7a

Please respond to each question or statement by marking one box per row.

		Yes	No	
SUDSSVSC01m	In the past 3 months, have you used drugs, other than alcohol or your prescribed medications?	☐ 2	☐ 1	This item is a screening item. If a participant says Yes, s/he should then be administered the CAT. If a participant says No, s/he should skip the CAT.

	In the past 3 months…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
SUDSSV01m	I felt that my drug use was out of control.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 3 months…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
SUDSSV02m	My desire to use drugs seemed overpowering.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSSV03m	Drugs were the only thing I could think about.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSSV05m	My drug use caused problems with people close to me.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 3 months…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
SUDSSV07m	I have a drug problem.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 3 months…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
SUDSSV12m	I craved drugs.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSSV17m	I spent a lot of time using drugs.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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