Severity of Substance Use (Past 30 days) v1.0 – Short Form 7a

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

		Yes	No	
SUDSSVSC01d	In the past 30 days, 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 30 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
SUDSSV01d	I felt that my drug use was out of control.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 30 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
SUDSSV02d	My desire to use drugs seemed overpowering.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSSV03d	Drugs were the only thing I could think about.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSSV05d	My drug use caused problems with people close to me.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 30 days…	**Not at all**	**A little bit**	**Somewhat**	**Quite a bit**	**Very much**
SUDSSV07d	I have a drug problem.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

	In the past 30 days…	**Never**	**Rarely**	**Sometimes**	**Often**	**Almost always**
SUDSSV12d	I craved drugs.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
SUDSSV17d	I spent a lot of time using drugs.....	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

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