

# AADIS Survey Version –Cover Sheet for Office Use Only

*DO NOT GIVE THIS PAGE TO RESPONDENT*

Name: \_\_\_\_\_ ID/Site#: \_\_\_\_\_

DOB: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: Male Female

Ethnicity:

1. African American      2. Asian      3. Caucasian/European American      4. Hispanic/Latino  
5. Native American/Indian      6. Other: \_\_\_\_\_

Home Community: \_\_\_\_\_

Reason For Screening: \_\_\_\_\_

AADIS SCORE: \_\_\_\_\_ (Note: Score of 37 or above suggests need for a full professional substance abuse assessment.)

Do you recommend a full assessment (regardless of the AADIS Score)?    0) No    1) Yes

Comments:

Screened by: \_\_\_\_\_

AADIS: These questions refer to your use of alcohol and other drugs (like marijuana/weed or cocaine/rock). Circle the answers which describe your use of alcohol and/or other drug(s). Even if none of the answers seems exactly right, please pick the ones that come closest to being true. If a question doesn't apply to you, you may leave it blank.

1. How often do you use alcohol or other drugs (such as weed or rock)?	Never 0	Once or twice a year	Once or twice a month	Every weekend	Several times a week	Every day	Several times a day
2. When did you last use alcohol or drugs?	Never used alcohol or drugs 0	Not for over a year	Between 6 months and 1 year ago	Several weeks ago	Last week	Yesterday	Today
3. I usually start to drink or use drugs because (Circle all that apply)	I like the feeling 1	To be like my friends		I am bored; or just to have fun ("kickin it")	I feel stressed, nervous, tense, full of worries or problems		I feel sad, lonely, sorry for myself
4. What do you drink when you drink alcohol?	Wine 1	Beer	Mixed drinks		Hard liquor (vodka, whiskey, etc.)		A substitute for alcohol
5. How do you get your alcohol or drugs? (Circle all that you do)	Supervised by parents or relatives 1	From brothers or sisters	From home without parents knowledge		Get from my friends	Buy on my own (on the street or with false ID)	
6. When did you first use drugs or take your first drink?	Never 0	After age 15	At ages 14 or 15	At ages 12 or 13	At ages 10 or 11		Before age 10
7. What time of the day do you use alcohol or drugs? (Circle all that apply to you!)	At night 1	Afternoons/after school	Before or during school or work		In the morning or when I first awaken	I often get up during my sleep to use alcohol or drugs	
8. Why did you take your first drink or first use drugs? (Circle all that apply!)	Curiosity 1	Parents or relatives offered	Friends encouraged me; to have fun		To get away from my problems	To get high or drunk	

9. When you drink alcohol, how much do you usually drink?	1 drink 1	2 drinks	3-4 drinks	5-9 drinks	10 or more drinks			
10. Whom do you drink or use drugs with? (Circle all that are true of you)	Parents or adult relatives 1	With brothers or sisters	With friends or relatives own age	With older friends	Alone			
11. What effects have you had from drinking or drugs? (CIRCLE ALL THAT APPLY TO YOU!)	Loose, easy feeling 1	Got moderately high	Got drunk or wasted	Became ill	Passed out or overdosed	Used a lot and next day didn't remember what happened		
12. What effects has using alcohol or drugs had on your life? (CIRCLE ALL THAT APPLY)	None 0	Has interfered with talking to someone	Has prevented me from having a good time	Has interfered with my school work	Have lost friends because of use	Has gotten me into trouble at home	Was in a fight or destroyed property	Has resulted in an accident, an injury, arrest or being punished at school for using alcohol or drugs
13. How do you feel about your use of alcohol or drugs? (CIRCLE ALL THAT APPLY)	No problem at all 0	I can control it and set limits on myself	I can control myself, but my friends easily influence me	I often feel bad about my use	I need help to control myself	I have had professional help to control my drinking or drug use.		
14. How do others see you in relation to your alcohol or drug use?	Can't say or normal for my age 0	When I use I tend to neglect my family or friends	My family or friends advise me to control or cut down on my use	My family or friends tell me to get help for my alcohol or drug use	My family or friends have already gone for help about my use			

Developed by D. Paul Moberg, Center for Health Policy and Program Evaluation, University of Wisconsin Medical School. Adapted with permission from Mayer and Filstead's "Adolescent Alcohol Involvement Scale" *Journal of Studies on Alcohol* 40: 291-300, 1979) and Moberg and Hahn's "Adolescent Drug Involvement Scale" (*Journal of Chemical Dependency*, 2: 75-88, 1991).

AADIS SCORING TEMPLATE: Copy this to a transparency and add the total points from the highest number for each item.

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1. How often do you use alcohol or other drugs (such as weed or rock)?	<b>0</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
2. When did you last use alcohol or drugs?	<b>0</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>
3. I usually start to drink or use drugs because (Circle all that apply)	<b>1</b>	<b>2</b>		<b>3</b>		<b>4</b>	<b>5</b>
4. What do you drink when you drink alcohol?	<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>		<b>5</b>
5. How do you get your alcohol or drugs? (Circle all that you do)	<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>	<b>5</b>	
6. When did you first use drugs or take your first drink?	<b>0</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>
7. What time of the day do you use alcohol or drugs? (Circle all that apply to you!)	<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>		<b>5</b>
8. Why did you take your first drink or first use drugs? (Circle all	<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>		<b>5</b>

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9. When you drink alcohol, how much do you usually drink?	<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>	<b>5</b>		
10. Whom do you drink or use drugs with? (Circle all that are true of you)	<b>1</b>	<b>2</b>	<b>3</b>		<b>4</b>	<b>5</b>		
11. What effects have you had from drinking or drugs? (CIRCLE ALL THAT APPLY TO YOU!)	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>	
12. What effects has using alcohol or drugs had on your life? (CIRCLE ALL THAT APPLY)	<b>0</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>
13. How do you feel about your use of alcohol or drugs? (CIRCLE ALL THAT APPLY)	<b>0</b>	<b>1</b>	<b>3</b>	<b>4</b>	<b>5</b>		<b>6</b>	
14. How do others see you in relation to your alcohol or drug use?	<b>0</b>	<b>2</b>	<b>3</b>		<b>4</b>		<b>5</b>	

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