

Adolescent Alcohol and Drug Involvement Scale (AADIS)

(Survey Version)

COVER SHEET--TO BE COMPLETED BY STAFF

Do not give this cover sheet to respondent

Name _____ ID# _____

DOB _____ Date _____

Age: _____

Sex: 1. Male
2. Female

Ethnicity:

1. African American
2. Asian
3. Caucasian/European American
4. Hispanic
5. Native American Indian
6. OTHER: _____

Home Community: _____

Reason for Screening: _____

AADIS SCORING RESULTS

Items B.1-14 are scored. (The weights assigned are basically the same as those originally used on the AAIS.) For each item B.1-14, add the weights associated with the highest category circled [weights are the numbers in square brackets on the interview version]. Section A is not scored. If more than one answer is circled, use the highest. The higher the total score, the more serious the level of alcohol/drug involvement.

AADIS SCORE: _____ (Score of 37 or above suggests need for a full professional substance abuse assessment)

DO YOU RECOMMEND FULL ASSESSMENT (Regardless of the AADIS score)?

0. NO
1. YES

COMMENTS:

Screened By: _____

Adolescent Alcohol and Drug Involvement Scale: AADIS

A. DRUG USE HISTORY

For each drug listed, please circle one number under the category that best describes your use pattern. If you are currently in residential treatment or secure custody, please answer regarding how often you typically used it, before you entered treatment or were taken into custody. Consider only drugs taken without prescription from your doctor; for alcohol, don't count just a few sips from someone else's drink.

	Never Used	Tried But Quit	Several Times a Year	Several Times a Month	Week-Ends Only	Several Times a Week	Daily	Several Times a Day
Smoking Tobacco (Cigarettes, cigars)	0	1	2	3	4	5	6	7
Alcohol (Beer, Wine, Liquor)	0	1	2	3	4	5	6	7
Marijuana or Hashish (Weed, grass, blunts)	0	1	2	3	4	5	6	7
LSD, MDA, Mushrooms Peyote, other hallucinogens (ACID, shrooms)	0	1	2	3	4	5	6	7
Amphetamines (Speed, Ritalin, Ecstasy, Crystal)	0	1	2	3	4	5	6	7
Powder Cocaine (Coke, Blow)	0	1	2	3	4	5	6	7
Rock Cocaine (Crack, rock, freebase)	0	1	2	3	4	5	6	7
Barbiturates, (Quaaludes, downers, ludes, blues)	0	1	2	3	4	5	6	7
PCP (angel dust)	0	1	2	3	4	5	6	7
Heroin, other opiates (smack, horse, opium, morphine)	0	1	2	3	4	5	6	7
Inhalants (Glue, gasoline, spray cans, whiteout, rush, etc.)	0	1	2	3	4	5	6	7
Valium, Prozac, other tranquilizers (without Rx)	0	1	2	3	4	5	6	7
OTHER DRUG _____	0	1	2	3	4	5	6	7

B. AADIS

These questions refer to your use of alcohol and other drugs (like marijuana/weed or cocaine/rock). If you are currently in residential treatment or in custody, please answer regarding the time you were living in the community before you started treatment or were taken into custody. Circle all the answers which describe your use of alcohol and/or other drug(s). Even if none of the answers seem 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)?
 - a. never
 - b. once or twice a year
 - c. once or twice a month
 - d. every weekend
 - e. several times a week
 - f. every day
 - g. several times a day
2. When did you last use alcohol or drugs?
 - a. never used alcohol or drugs
 - b. not for over a year
 - c. between 6 months and 1 year ago
 - d. several weeks ago
 - e. the last week ago
 - f. yesterday
 - g. today (or the same day I was taken into treatment or custody)
3. I usually start to drink or use drugs because: (CIRCLE ALL THAT APPLY)
 - a. I like the feeling
 - b. to be like my friends
 - c. I am bored; or just to have fun ("kickin' it")
 - d. I feel stressed, nervous, tense, full of worries or problems
 - e. I feel sad, lonely, sorry for myself
4. What do you drink, when you drink alcohol?
 - a. wine
 - b. beer
 - c. mixed drinks
 - d. hard liquor (vodka, whisky, etc.)
 - e. a substitute for alcohol
5. How do you get your alcohol or drugs? (CIRCLE ALL THAT YOU DO)
 - a. Supervised by parents or relatives
 - b. from brothers or sisters
 - c. from home without parents' knowledge
 - d. get from friends
 - e. buy my own (on the street or with false ID)
6. When did you first use drugs or take your first drink? (CIRCLE ONE)
 - a. never
 - b. after age 15
 - c. at ages 14 or 15
 - d. at ages 12 or 13
 - e. at ages 10 or 11
 - f. before age 10
7. What time of day do you use alcohol or drugs? (CIRCLE ALL THAT APPLY TO YOU)
 - a. at night
 - b. afternoons/after school
 - c. before or during school or work
 - d. in the morning or when I first awaken
 - e. 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)
 - a. curiosity
 - b. parents or relatives offered
 - c. friends encouraged me; to have fun
 - d. to get away from my problems
 - e. to get high or drunk
9. When you drink alcohol, how much do you usually drink?
 - a. 1 drink
 - b. 2 drinks
 - c. 3-4 drinks
 - d. 5 -9 drinks
 - e. 10 or more drinks

10. Whom do you drink or use drugs with? (CIRCLE ALL THAT ARE TRUE OF YOU)

- a. parents or adult relatives
- b. with brothers or sisters
- c. with friends or relatives own age
- d. with older friends
- e. alone

11. What effects have you had from drinking or drugs? (CIRCLE ALL THAT APPLY TO YOU)

- a. loose, easy feeling
- b. got moderately high
- c. got drunk or wasted
- d. became ill
- e. passed out or overdosed
- f. 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)

- a. none
- b. has interfered with talking to someone
- c. has prevented me from having a good time
- d. has interfered with my school work
- e. have lost friends because of use
- f. has gotten me into trouble at home
- g. was in a fight or destroyed property
- h. 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)

- a. no problem at all
- b. I can control it and set limits on myself
- c. I can control myself, but my friends easily influence me
- d. I often feel bad about my use
- e. I need help to control myself
- f. 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? (CIRCLE ALL THAT APPLY)

- a. can't say or normal for my age
- b. when I use I tend to neglect my family or friends
- c. my family or friends advise me to control or cut down on my use
- d. my family or friends tell me to get help for my alcohol or drug use
- e. 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 Adolescent Chemical Dependency*, 2: 75-88, 1991).