SUBSTANCES AND CHOICES SCALE

Name.....

Date of birth..... Number.....

The SACS is only to be used by health professionals working with young people who are engaged in a treatment agency.

The questions in part A) and B) are about your use of alcohol and drugs over the last month.
This does not include tobacco or prescribed medicines.
Please answer every question as best you can, even if you are not certain. Tick only one box on each row.

A) On how many times did you use each of the following in the last month?	*Never*	*Once a week or less*	*More than once a week*	*Most days or more*
1. Alcoholic drinks (e.g. beer, wine, spirits etc.)	☐	☐	☐	☐
2. Cannabis (e.g. weed, marijuana, pot, skunk etc.)	☐	☐	☐	☐
3. Cocaine (e.g. coke, crack, blow etc.)	☐	☐	☐	☐
4. Amphetamines (e.g. speed, 'P', ice, whiz, goee etc.)	☐	☐	☐	☐
5. Ecstasy and other party drugs (e.g. 'E', GHB etc.)	☐	☐	☐	☐
6. Inhalants (e.g. nitrous, glue, petrol, solvents, paint etc.)	☐	☐	☐	☐
7. Sedatives (e.g. sleeping pills, benzos, downers, valium)	☐	☐	☐	☐
8. Hallucinogens (e.g. LSD, acid, mushrooms, ketamine etc)	☐	☐	☐	☐
9. Opiates (e.g. heroin, morphine, methadone, codeine etc.)	☐	☐	☐	☐
10. BZP (e.g. 'herbal highs', energy pills etc.)	☐	☐	☐	☐
11. Other drug. *Name*.....	☐	☐	☐	☐
12. Other drug. *Name*.....	☐	☐	☐	☐

B) Mark one box (on each row), on the basis of how things have been for you over the last month.	*Not True*	*Somewhat True*	*Certainly True*
1. I took alcohol or drugs when I was alone.	☐	☐	☐
2. I've thought I might be hooked or addicted to alcohol or drugs.	☐	☐	☐
3. Most of my free time has been spent getting hold of, taking, or recovering from alcohol or drugs.	☐	☐	☐
4. I've wanted to cut down on the amount of alcohol and drugs that I am using.	☐	☐	☐
5. My alcohol and drug use has stopped me getting important things done.	☐	☐	☐
6. My alcohol or drug use has led to arguments with the people I live with (family, flatmates or caregivers etc.).	☐	☐	☐
7. I've had unsafe sex or an unwanted sexual experience when taking alcohol or drugs.	☐	☐	☐
8. My performance or attendance at school (or at work) has been affected by my alcohol or drug use.	☐	☐	☐
9. I did things that could have got me into serious trouble (stealing, vandalism, violence etc) when using alcohol or drugs.	☐	☐	☐
10. I've driven a car while under the influence of alcohol or drugs (or have been driven by someone under the influence).	☐	☐	☐
	SACS difficulties score		

C) Finally, how often have you used tobacco (e.g. cigarettes, cigars) over the last month?	*Never*	*Once a week or less*	*More than once a week*	*Most days or more*
	☐	☐	☐	☐

Date completed .....

Clinician .....