

For each item below, circle the number which reflects how often you have experienced the situation described **DURING THE TIME FRAME** the administrator has checked below:

☒ your entire life    ☐ the past six months    ☐ the past twelve months    ☐ the six months before \_\_\_\_\_    ☐ the six months since \_\_\_\_\_

**FVA**

| Never | Once or Twice | Several Times | Repeatedly |                                                                                                                |
|-------|---------------|---------------|------------|----------------------------------------------------------------------------------------------------------------|
| 0     | 1             | 2             | 3          | 1. Had drinks (beer, wine, liquor) with lunch?                                                                 |
| 0     | 1             | 2             | 3          | 2. Taken a drink or drinks to help you talk about your feelings or ideas?                                      |
| 0     | 1             | 2             | 3          | 3. Taken a drink or drinks to relieve a tired feeling or give you energy to keep going?                        |
| 0     | 1             | 2             | 3          | 4. Had more to drink than you intended to?                                                                     |
| 0     | 1             | 2             | 3          | 5. Experienced physical problems after drinking (e.g., nausea, seeing/hearing problems, dizziness, etc.)?      |
| 0     | 1             | 2             | 3          | 6. Gotten into trouble on the job, in school, or with the law because of your drinking?                        |
| 0     | 1             | 2             | 3          | 7. Became depressed after having sobered up?                                                                   |
| 0     | 1             | 2             | 3          | 8. Argued with your family or friends because of your drinking?                                                |
| 0     | 1             | 2             | 3          | 9. Had the effects of drinking recur after not drinking for a while (e.g., flashbacks, hallucinations, etc.)?  |
| 0     | 1             | 2             | 3          | 10. Had problems in relationships because of your drinking (e.g., loss of friends, separation, divorce, etc.)? |
| 0     | 1             | 2             | 3          | 11. Became nervous or had the shakes after having sobered up?                                                  |
| 0     | 1             | 2             | 3          | 12. Tried to commit suicide while drunk?                                                                       |
| 0     | 1             | 2             | 3          | 13. Found myself craving a drink or a particular drug?                                                         |

*"Drinks" and "drinking" refer to any type of alcohol - beer, wine, hard liquor, etc.*

**Highest Grade Completed:** ☐ 1-4    ☐ 5-8    ☐ 9    ☐ 10    ☐ 11    ☐ 12/GED  
☐ Some College    ☐ 2 Year College    ☐ 4 Year College    ☐ Graduate Degree

**Employment Status:** ☐ Full-time    ☐ Part-time    ☐ Not Employed    ☐ Student  
☐ Homemaker    ☐ Disabled    ☐ Retired

**Ethnic Origin:** ☐ American Indian or Alaska Native    ☐ Asian  
☐ Black or African American    ☐ Canadian Native    ☐ Hispanic  
☐ Native Hawaiian or Pacific Islander    ☐ White    ☐ Multiracial    ☐ Other

**Marital Status:** ☐ Married    ☐ Unmarried Couple    ☐ Single    ☐ Divorced  
☐ Widowed    ☐ Separated

**Number of People in Household:** \_\_\_\_\_

**Weekly Family Net Income:** ☐ Prefer not to answer    ☐ \$0    ☐ Less than \$200    ☐ \$200-300  
☐ \$301-400    ☐ \$401-500    ☐ \$501-600    ☐ \$601-700  
☐ \$701-800    ☐ \$801-900    ☐ Over \$900    ☐ Not Sure

**FVOD**

| Never | Once or Twice | Several Times | Repeatedly |                                                                                                                               |
|-------|---------------|---------------|------------|-------------------------------------------------------------------------------------------------------------------------------|
| 0     | 1             | 2             | 3          | 1. Misused medications or took drugs to improve your thinking and feelings?                                                   |
| 0     | 1             | 2             | 3          | 2. Misused medications or took drugs to help you feel better about a problem?                                                 |
| 0     | 1             | 2             | 3          | 3. Misused medications or took drugs to become more aware of your senses (e.g., sight, hearing, touch, etc.)?                 |
| 0     | 1             | 2             | 3          | 4. Misused medications or took drugs to improve your enjoyment of sex?                                                        |
| 0     | 1             | 2             | 3          | 5. Misused medications or took drugs to help forget that you feel helpless and unworthy?                                      |
| 0     | 1             | 2             | 3          | 6. Misused medications or took drugs to forget school, work or family pressures?                                              |
| 0     | 1             | 2             | 3          | 7. Gotten into trouble at home, work, or with the police because of medications or drug-related activities?                   |
| 0     | 1             | 2             | 3          | 8. Gotten really stoned or wiped out on drugs (more than just high)?                                                          |
| 0     | 1             | 2             | 3          | 9. Tried to get a hold of some prescription drug (e.g., tranquilizers, pain killers, pills to calm nerves, sleep aids, etc.)? |
| 0     | 1             | 2             | 3          | 10. Spent your spare time in drug-related activities (e.g., talking about drugs, buying, selling, taking, etc.)?              |
| 0     | 1             | 2             | 3          | 11. Used drugs or medications and alcohol at the same time?                                                                   |
| 0     | 1             | 2             | 3          | 12. Kept taking medications or drugs in order to avoid pain or withdrawal?                                                    |
| 0     | 1             | 2             | 3          | 13. Felt your misuse of medications, alcohol, or drugs has kept you from getting what you want out of life?                   |
| 0     | 1             | 2             | 3          | 14. Took a higher dose or different medications than your doctor prescribed in order to get the relief you need?              |
| 0     | 1             | 2             | 3          | 15. Used prescription drugs that were not prescribed for you?                                                                 |
| 0     | 1             | 2             | 3          | 16. Your doctor denied your request for medications you needed?                                                               |
| 0     | 1             | 2             | 3          | 17. Been accepted into a treatment program because of misuse of medications, alcohol, or drugs?                               |
| 0     | 1             | 2             | 3          | 18. Engaged in activity that could have been physically dangerous after (or while) drinking or using drugs or medications?    |

*The word "misuse" means taking medications in larger amounts than prescribed, longer than prescribed, or using medications not prescribed for you. "Drugs" include things like pot, cocaine, meth, heroin, etc.*



If a statement tends to be TRUE for you, fill in the square of the T column like this: ☒ T ☐ F  
 If a statement tends to be FALSE for you, fill in the square of the F column like this: ☐ T ☒ F

Fill in the square like this: ☒ ☐  
 Not like this: ☐ ☒

*The*  
**S.A.S.S.I.**

**SASSI-4**  
**ADULT FORM**

S-P401 2/16

Please provide one answer for each question.

There are no right or wrong answers; just answer the way you feel.

- |                                                                                                                                                              | T | F |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 1. <input type="checkbox"/> <input type="checkbox"/> People know they can count on me for solutions.                                                         |   |   |
| 2. <input type="checkbox"/> <input type="checkbox"/> Most people make some mistakes in their lives.                                                          |   |   |
| 3. <input type="checkbox"/> <input type="checkbox"/> I usually "go along" and do what others are doing.                                                      |   |   |
| 4. <input type="checkbox"/> <input type="checkbox"/> I have never been in trouble with the police.                                                           |   |   |
| 5. <input type="checkbox"/> <input type="checkbox"/> I was always well behaved in school.                                                                    |   |   |
| 6. <input type="checkbox"/> <input type="checkbox"/> I like doing things on the spur of the moment.                                                          |   |   |
| 7. <input type="checkbox"/> <input type="checkbox"/> I have not lived the way I should.                                                                      |   |   |
| 8. <input type="checkbox"/> <input type="checkbox"/> I can be friendly with people who do many wrong things.                                                 |   |   |
| 9. <input type="checkbox"/> <input type="checkbox"/> I do not like to sit and daydream.                                                                      |   |   |
| 10. <input type="checkbox"/> <input type="checkbox"/> No one has ever criticized or punished me.                                                             |   |   |
| 11. <input type="checkbox"/> <input type="checkbox"/> Sometimes I have a hard time sitting still.                                                            |   |   |
| 12. <input type="checkbox"/> <input type="checkbox"/> People would be better off if they took my advice.                                                     |   |   |
| 13. <input type="checkbox"/> <input type="checkbox"/> At times I feel worn out for no special reason.                                                        |   |   |
| 14. <input type="checkbox"/> <input type="checkbox"/> I am a restless person.                                                                                |   |   |
| 15. <input type="checkbox"/> <input type="checkbox"/> It is better not to talk about personal problems.                                                      |   |   |
| 16. <input type="checkbox"/> <input type="checkbox"/> I have had days, weeks or months when I couldn't get much done because I just wasn't up to it.         |   |   |
| 17. <input type="checkbox"/> <input type="checkbox"/> I am very respectful of authority.                                                                     |   |   |
| 18. <input type="checkbox"/> <input type="checkbox"/> I come up with good strategies.                                                                        |   |   |
| 19. <input type="checkbox"/> <input type="checkbox"/> I have been tempted to leave home.                                                                     |   |   |
| 20. <input type="checkbox"/> <input type="checkbox"/> I often feel that strangers look at me with disapproval.                                               |   |   |
| 21. <input type="checkbox"/> <input type="checkbox"/> Other people would fall apart if they had to deal with what I handle.                                  |   |   |
| 22. <input type="checkbox"/> <input type="checkbox"/> I have avoided people I did not want to speak to.                                                      |   |   |
| 23. <input type="checkbox"/> <input type="checkbox"/> Some crooks are so clever that I hope they get away with what they have done.                          |   |   |
| 24. <input type="checkbox"/> <input type="checkbox"/> My school teachers had some problems with me.                                                          |   |   |
| 25. <input type="checkbox"/> <input type="checkbox"/> I have never done anything dangerous just for fun.                                                     |   |   |
| 26. <input type="checkbox"/> <input type="checkbox"/> I need to have something to do so I don't get bored.                                                   |   |   |
| 27. <input type="checkbox"/> <input type="checkbox"/> I have sometimes drunk too much.                                                                       |   |   |
| 28. <input type="checkbox"/> <input type="checkbox"/> Much of my life is uninteresting.                                                                      |   |   |
| 29. <input type="checkbox"/> <input type="checkbox"/> Sometimes I wish I could control myself better.                                                        |   |   |
| 30. <input type="checkbox"/> <input type="checkbox"/> I believe that people sometimes get confused.                                                          |   |   |
| 31. <input type="checkbox"/> <input type="checkbox"/> Sometimes I am no good for anything at all.                                                            |   |   |
| 32. <input type="checkbox"/> <input type="checkbox"/> I break more laws than many people.                                                                    |   |   |
| 33. <input type="checkbox"/> <input type="checkbox"/> If some friends and I were in trouble together, I would rather take the whole blame than tell on them. |   |   |
| 34. <input type="checkbox"/> <input type="checkbox"/> Crying does not help.                                                                                  |   |   |
| 35. <input type="checkbox"/> <input type="checkbox"/> I think there is something wrong with my memory.                                                       |   |   |
| 36. <input type="checkbox"/> <input type="checkbox"/> I have sometimes been tempted to hit people.                                                           |   |   |
| 37. <input type="checkbox"/> <input type="checkbox"/> Most people would lie to get what they want.                                                           |   |   |
| 38. <input type="checkbox"/> <input type="checkbox"/> I always feel sure of myself.                                                                          |   |   |

- |                                                                                                                                                      | T | F |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|
| 39. <input type="checkbox"/> <input type="checkbox"/> I have never broken a major law.                                                               |   |   |
| 40. <input type="checkbox"/> <input type="checkbox"/> There have been times when I have done things I couldn't remember later.                       |   |   |
| 41. <input type="checkbox"/> <input type="checkbox"/> I think carefully about all my actions.                                                        |   |   |
| 42. <input type="checkbox"/> <input type="checkbox"/> I have used too much alcohol or "pot," or used too often.                                      |   |   |
| 43. <input type="checkbox"/> <input type="checkbox"/> Nearly everyone enjoys being picked on and made fun of.                                        |   |   |
| 44. <input type="checkbox"/> <input type="checkbox"/> I like to obey the law.                                                                        |   |   |
| 45. <input type="checkbox"/> <input type="checkbox"/> I frequently make lists of things to do.                                                       |   |   |
| 46. <input type="checkbox"/> <input type="checkbox"/> I think I know some pretty undesirable types.                                                  |   |   |
| 47. <input type="checkbox"/> <input type="checkbox"/> Most people will laugh at a joke now and then.                                                 |   |   |
| 48. <input type="checkbox"/> <input type="checkbox"/> I have rarely been punished.                                                                   |   |   |
| 49. <input type="checkbox"/> <input type="checkbox"/> I use tobacco regularly.                                                                       |   |   |
| 50. <input type="checkbox"/> <input type="checkbox"/> At times I have been so full of energy that I felt I didn't need sleep for days at a time.     |   |   |
| 51. <input type="checkbox"/> <input type="checkbox"/> I have sometimes sat around when I should have been working.                                   |   |   |
| 52. <input type="checkbox"/> <input type="checkbox"/> I am often resentful.                                                                          |   |   |
| 53. <input type="checkbox"/> <input type="checkbox"/> I take all my responsibilities seriously.                                                      |   |   |
| 54. <input type="checkbox"/> <input type="checkbox"/> I do most of my drinking or drug use away from home.                                           |   |   |
| 55. <input type="checkbox"/> <input type="checkbox"/> I have had a drink first thing in the morning to steady my nerves or to get rid of a hangover. |   |   |
| 56. <input type="checkbox"/> <input type="checkbox"/> While I was a teenager, I began drinking or using other drugs regularly.                       |   |   |
| 57. <input type="checkbox"/> <input type="checkbox"/> One of my parents was/is a heavy drinker or drug user.                                         |   |   |
| 58. <input type="checkbox"/> <input type="checkbox"/> When I drink or use drugs I tend to get into trouble.                                          |   |   |
| 59. <input type="checkbox"/> <input type="checkbox"/> My drinking or other drug use causes problems between me and my family.                        |   |   |
| 60. <input type="checkbox"/> <input type="checkbox"/> New activities can be a strain if I can't drink or use when I want.                            |   |   |
| 61. <input type="checkbox"/> <input type="checkbox"/> I frequently use non-prescription antacids or digestion medicine.                              |   |   |
| 62. <input type="checkbox"/> <input type="checkbox"/> I have never felt sad over anything.                                                           |   |   |
| 63. <input type="checkbox"/> <input type="checkbox"/> I have neglected obligations to family or work because of my drinking or using drugs.          |   |   |
| 64. <input type="checkbox"/> <input type="checkbox"/> I am usually happy.                                                                            |   |   |
| 65. <input type="checkbox"/> <input type="checkbox"/> I'm good at figuring out the plot in a spy drama or murder mystery long before the end.        |   |   |
| 66. <input type="checkbox"/> <input type="checkbox"/> I have wished I could cut down my drinking or drug use.                                        |   |   |
| 67. <input type="checkbox"/> <input type="checkbox"/> I am a binge drinker/drug user.                                                                |   |   |
| 68. <input type="checkbox"/> <input type="checkbox"/> I often use energy drinks or other over-the-counter products to get me through my day.         |   |   |
| 69. <input type="checkbox"/> <input type="checkbox"/> I'm reluctant to tell my doctors about all the medications I'm using.                          |   |   |
| 70. <input type="checkbox"/> <input type="checkbox"/> My doctors have not prescribed me enough medication to get the relief I need.                  |   |   |
| 71. <input type="checkbox"/> <input type="checkbox"/> I know that my drinking/using is making my problems worse.                                     |   |   |
| 72. <input type="checkbox"/> <input type="checkbox"/> I have built up a tolerance to the alcohol, drugs, or medications I've been using.             |   |   |
| 73. <input type="checkbox"/> <input type="checkbox"/> Over time I have noticed I drink or use more than I used to.                                   |   |   |
| 74. <input type="checkbox"/> <input type="checkbox"/> I have worried about my parent(s)' drinking or drug use.                                       |   |   |

Name/ID \_\_\_\_\_ Date \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_

**IT IS ILLEGAL TO REPRODUCE THIS FORM  
 IN PART OR WHOLE IN ANY FORMAT**

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