

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

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

Please provide one answer for each question.

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

T F

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

T F

Fill in the square like this: ☐

Not like this: ☐

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ADULT FORM

S-P401 2/16

T F

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

☐ your entire life ☐ the past six months ☐ the past twelve months ☐ the six months before _____ ☐ the six months since _____

[illegible]

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?

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

[illegible]

				<p><i>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.</i></p>
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?