WHĀRAURAU
Empower the Workforce | Manaaki Mokopuna

Substances and Choices Scale | SACS

Name:	Date of Birth: ____ / ____ / ____	Ref:

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

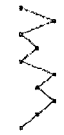
A) How often did you use each of the following in the last month?	Didn't use	Once a week or less	More than once a week	Most days or more
1. Alcoholic drinks e.g. alcopops, RTDs, beer, wine, spirits	☐	☐	☐	☐
2. Cannabis e.g. weed, bud, hash	☐	☐	☐	☐
3. MDMA e.g. 'MD', ecstasy, 'E', 'pingers', 'molly'	☐	☐	☐	☐
4. Psychedelics e.g. mushrooms, LSD, NMOBe	☐	☐	☐	☐
5. Stimulants e.g. amphetamines, meth, 'P', ritalin, 'crack', speed, cocaine	☐	☐	☐	☐
6. Synthetic psychoactives e.g. synthetic cannabinoids, 'synnies', synthetic cathinones, bath salts	☐	☐	☐	☐
7. Opioids e.g. codeine, opium, tramadol, morphine, methadone, heroin, 'lean'	☐	☐	☐	☐
8. Sedatives e.g. sleeping pills, 'benzos', ketamine, kava, GHB, 'G'	☐	☐	☐	☐
9. Nitrous Oxide e.g. NOS, 'nangs', balloons	☐	☐	☐	☐
10. Volatile substances e.g. aerosols, petrol, glue, solvents, poppers	☐	☐	☐	☐
11. Other drug. Write name here	☐	☐	☐	☐
12. Other drug. Write name here	☐	☐	☐	☐

B) How have things have been for you over the last month? Mark ONE box (on each row):	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 Scale: _____

YOUR SACS DIFFICULTIES MOUNTAIN RANGE

Connect the boxes with a straight line and turn the page up this way to see your SACS Difficulties Mountain Range like here. Is your progress smooth or rocky?



C) Finally, how often did you use the following in the last month?	Didn't use	Once a week or less	More than once a week	Most days or more
1. Tobacco e.g. cigarettes/ciggies	☐	☐	☐	☐
2. Nicotine Vapes e.g. e-cigarettes, vape pens/pods	☐	☐	☐	☐

Date completed:	Clinician:
Notes:	

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