

NAME _____

DATE _____

**Modified Simple Screening Instrument for Substance Abuse (MSSI-SA)
Interview Form**

Introductory Statement:

“I’m going to ask you a few questions about your use of alcohol and other drugs, including prescription and over-the-counter medication/drugs, during the past 6 months. Your answers will be kept private. Your answers *will assist us in identifying your needs and providing you with services. Your answers will not exclude you from services, care or treatment at this program.* Based on your answers to these questions, we may advise you to get a more complete assessment. This would be voluntary it would be your choice whether to have an additional assessment or not.”

During the last 6 months...

- 1a. Have you used alcohol or other drugs? (Such as wine, beer, hard liquor, pot, coke, heroin or other opiates, uppers, downers, hallucinogens, or inhalants) (yes/no)
- 1b. Have you used prescription or over-the-counter medication/drugs? (Such as sleeping pills, pain killers, sedatives, or anti-anxiety medication like Valium, Xanax, or Ativan) (yes/no)
2. Have you felt that you use too much alcohol or other drugs? (Other drugs also include prescription or over-the-counter medication more than recommended.) (yes/no)
3. Have you tried to cut down or quit drinking or using drugs? (yes/no)
4. Have you gone to anyone for help because of your drinking or drug use? (Such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program.) (yes/no)
5. Have you had any of the following?
 - Blackouts or other periods of memory loss
 - Injury to your head after drinking or using drugs
 - Convulsions, or delirium tremens (“DTs”)
 - Hepatitis or other liver problems
 - Feeling sick, shaky, or depressed when you stopped drinking or using drugs
 - Feeling “coke bugs,” or a crawling feeling under the skin after you stopped using drugs
 - Injury after drinking or using drugs
 - Using needles to shoot drugs.
6. Has drinking or other drug use caused problems between you and your family or friends? (yes/no)
7. Has your drinking or other drug use caused problems at school or at work? (yes/no)
8. Have you been arrested or had other legal problems? (Such as bouncing bad checks, driving while intoxicated, theft, or drug possession.) (yes/no)
9. Have you lost your temper or gotten into arguments or fights while drinking or using drugs? (yes/no)

(Continue on next page)

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Modified Simple Screening Instrument for Substance Abuse (continued)

10. Are you needing to drink or use drugs more and more to get the effect you want? (yes/no)
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs? (yes/no)
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? (yes/no)
13. Do you feel bad or guilty about your drinking or drug use? (yes/no)

Now I have some questions that are not limited to the past 6 months.

14. Have you ever had a drinking or other drug problem? (yes/no)
15. Have any of your family members ever had a drinking or drug problem? (yes/no)
16. Do you feel that you have a drinking or drug problem now? (yes/no)

- Thanks for answering these questions.
- Do you have any questions for me?
- Is there something I can do to help you?

Notes:

Observation Checklist:

The following signs and symptoms may indicate a substance abuse problem in the individual being screened:

- Needle track marks
- Skin abscesses, cigarette burns, or nicotine stains
- Tremors (shaking and twitching of hands and eyelids)
- Unclear speech: slurred, incoherent, or too rapid
- Unsteady gait: staggering, off balance
- Dilated (enlarged) or constricted (pinpoint) pupils
- Scratching
- Swollen hands or feet
- Smell of alcohol or marijuana on breath
- Drug paraphernalia such as pipes, paper, needles, or roach clips
- "Nodding out" (dozing or falling asleep)
- Agitation
- Inability to focus
- Burns on the inside of the lips (from freebasing cocaine)