

Personal Drug Use Questionnaire
(SOCRATES 8D)

FOR OFFICE USE ONLY

_____ Study
 _____ ID
 _____ Point
 _____ Date
 _____ Raid

SOCRATES 8D 4/16/97 2 pages

INSTRUCTIONS: Please read the following statements carefully. Each one describes a way that you might (or might not) feel *about your drug use*. For each statement, circle one number from 1 to 5, to indicate how much you agree or disagree with it *right now*. Please circle one and only one number for every statement.

| | NO! Strongly Disagree | No Disagree | ? Undecided or Unsure | Yes Agree | YES! Strongly Agree |
|--|-----------------------------|----------------|-----------------------------|--------------|---------------------------|
| 1. I really want to make changes in my use of drugs. | 1 | 2 | 3 | 4 | 5 |
| 2. Sometimes I wonder if I am an addict. | 1 | 2 | 3 | 4 | 5 |
| 3. If I don't change my drug use soon, my problems are going to get worse. | 1 | 2 | 3 | 4 | 5 |
| 4. I have already started making some changes in my use of drugs. | 1 | 2 | 3 | 4 | 5 |
| 5. I was using drugs too much at one time, but I've managed to change that. | 1 | 2 | 3 | 4 | 5 |
| 6. Sometimes I wonder if my drug use is hurting other people. | 1 | 2 | 3 | 4 | 5 |
| 7. I have a drug problem. | 1 | 2 | 3 | 4 | 5 |
| 8. I'm not just thinking about changing my drug use, I'm already doing something about it. | 1 | 2 | 3 | 4 | 5 |
| 9. I have already changed my drug use, and I am looking for ways to keep from slipping back to my old pattern. | 1 | 2 | 3 | 4 | 5 |
| 10. I have serious problems with drugs. | 1 | 2 | 3 | 4 | 5 |
| 11. Sometimes I wonder if I am in control of my drug use. | 1 | 2 | 3 | 4 | 5 |
| 12. My drug use is causing a lot of harm. | 1 | 2 | 3 | 4 | 5 |

| | NO! Strongly Disagree | No Disagree | ? Undecided or Unsure | Yes Agree | YES! Strongly Agree |
|--|------------------------------------|-----------------------|------------------------------------|---------------------|----------------------------------|
| 13. I am actively doing things now to cut down or stop my use of drugs | 1 | 2 | 3 | 4 | 5 |
| 14. I want help to keep from going back to the drug problems that I had before. | 1 | 2 | 3 | 4 | 5 |
| 15. I know that I have a drug problem. | 1 | 2 | 3 | 4 | 5 |
| 16. There are times when I wonder if I use drugs too much. | 1 | 2 | 3 | 4 | 5 |
| 17. I am a drug addict. | 1 | 2 | 3 | 4 | 5 |
| 18. I am working hard to change my drug use. | 1 | 2 | 3 | 4 | 5 |
| 19. I have made some changes in my drug use, and I want some help to keep from going back to the way I used before | 1 | 2 | 3 | 4 | 5 |