## $\{Module\ Name\}\ Module$

## **Brief Substance Craving Scale**

Agency Name:	Site Name:
ID #:	Date://
ST	TAFF USE ONLY
A. Identify the primary substance dependence for which	the participant is being treated at this clinic.  Downers or Sedatives (Barbiturates, etc.) 1  Benzos (Valium, Xanax, etc.) 2  Hallucinogens (including ecstasy) 3  Alcohol 4  Heroin or other Opiates (Morphine, etc.) 5  Marijuana 6  Stimulants (cocaine, amphetamine) 7  Other (specify): 8
Please answer the following questions with regard to y	our craving for the <u>primary drug</u> .
1. The INTENSITY of my craving, that is, how much I d	lesired this drug in the past 24 hours was:  None at all □0  Slight □1  Moderate □2  Considerable □3  Extreme □4
2. The FREQUENCY of my craving, that is, how often I	desired this drug in the past 24 hours was: Never $\square 0$ Almost never $\square 1$ Several times $\square 2$ Regularly $\square 3$ Almost constantly $\square 4$
3. The LENGTH of time I spent in craving this drug duri	ng the past 24 hours was:  None at all □0  Very short □1  Short □2  Somewhat long □3  Very long □4
4. Write in the NUMBER of times you think you had cra	ving for this drug during the past 24 hours.

ID #:	Date:/	/
<b>B.</b> A second craved substance during the past 24 hours was:	and surviva Ou ordinas 5 0	
Choose only ONE from the following. If NONE, please do	not answer Questions 5-8.	None (STOP)
	Downers or Sedativ	ves (Barbiturates, etc.)
		(Valium, Xanax, etc.) $\square$ 2
		ens (including ecstasy) $\square 3$
	Tundemoge	Alcohol 4
	Heroin or other Or	piates (Morphine, etc.) $\square 5$
		Marijuana <b>□</b> 6
	Stimulants (c	cocaine, amphetamine) $\square$ 7
	Other (specify):	• -
Please answer the following questions with regard to a seco	nd craved drug.	
5. The INTENSITY of my craving, that is, how much I desired	I this drug in the past 24 hours was:	None at all $\Box$ 0
ev The It (1211) of the orang, and is, now index I desired the	time usug in the public 2 through which	Slight $\square$ 1
		Moderate $\square$ 2
		Considerable 3
		Extreme 4
		Extreme —
6. The FREQUENCY of my craving, that is, how often I desired	ed this drug in the past 24 hours was:	Never $\square$
		Almost never $\square$ 1
		Several times $\square$ 2
		Regularly 🗖 3
		Almost constantly 4
7. The LENGTH of time I spent in craving this drug during the past 24 hours was:	e past 24 hours was:	None at all $\Box$ 0
		Very short □1
		Short □2
		Somewhat long $\square$ 3
		Very long □4
<b>8.</b> Write in the NUMBER of times you think you had craving to	for this days dyning the post 24 hours	
6. Write in the NOMBER of times you think you had craving i	or this drug during the past 24 hours.	

Reference: Somoza, E., Dyrenforth, S., Goldsmith, J., Mezinskis, J., & Cohen, M., 1995. In search of a universal drug craving scale. Paper presented at the Annual Meeting of the American Psychiatric Association, Miami Florida.