Brief Substance Craving Scale

Please answer the following questions with regard to your craving for the primary drug.

1. The INTENSITY of my craving, that is, how much I desired 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 □ 0
   - Almost never □ 1
   - Several times □ 2
   - Regularly □ 3
   - Almost constantly □ 4

3. The LENGTH of time I spent in craving this drug during 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 craving for this drug during the past 24 hours.
   ___ ___
B. A second craved substance during the past 24 hours was:

*Choose only ONE from the following. If NONE, please do not answer Questions 5-8.*

- None (STOP) 0
- 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 a second craved drug.

5. The INTENSITY of my craving, that is, how much I desired this drug in the past 24 hours was:

- None at all 0
- Slight 1
- Moderate 2
- Considerable 3
- Extreme 4

6. The FREQUENCY of my craving, that is, how often I desired this drug in the past 24 hours was:

- Never 0
- Almost never 1
- Several times 2
- Regularly 3
- Almost constantly 4

7. The LENGTH of time I spent in craving this drug during the past 24 hours was:

- None at all 0
- Very short 1
- Short 2
- Somewhat long 3
- Very long 4

8. Write in the NUMBER of times you think you had craving for this drug during the past 24 hours.

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