

0a Mark what causes the most problems.
If several apply, mark *only* what causes the most problems now.

At present	1 Alcohol	<input type="checkbox"/>	6 Ecstasy/XTC (<i>MDMA or others, like MDEA, MDA or 2CB</i>)	<input type="checkbox"/>
	2 Tobacco (<i>cigarettes, cigars, pipes, chews</i>)	<input type="checkbox"/>	7 Hallucinogens (<i>PCP, ketamine, mescaline, psilocybin, DMT, LSD</i>)	<input type="checkbox"/>
	3 Cannabis (<i>hashish, marijuana, weed</i>)	<input type="checkbox"/>	8 Other drugs (<i>GHB, inhalants, laughing gass, poppers</i>) Write down what drug	<input type="checkbox"/>
	4 Opioids (<i>heroin, methadone, buprenorphine, morfine, codeine, oxycodone, fentanyl</i>)	<input type="checkbox"/>	9 Sedatives (<i>tranquilizers, sleeping pills, benzodiazepines</i>)	<input type="checkbox"/>
	5 Stimulants (<i>cocaine, amphetamines, others, like methylphenidate, khat</i>)	<input type="checkbox"/>	10 Gambling Write down what type:	<input type="checkbox"/>

4a For the next questions, keep the substance in mind that causes the most problems for you.
«In the past 12 months, ...»

		Circle Yes or No.	
12 months	1 ...did you regularly have a strong desire to use the substance?	Yes	No
	2 ...have you regularly wanted to stop the substance use?	Yes	No
	3 ...have you spent a lot of your time using, getting, or getting over the effects of the substance?	Yes	No
	4 ...did you find you began to need much more of the substance to get the same effect?	Yes	No
	5 ...did stopping or cutting down the use of substance make you feel sick or unwell?	Yes	No
	6 ...have you often used the substance in larger amounts or for a longer period than you intended?	Yes	No
	7 ...did you continue to use the substance after you knew that it was causing you health problems or emotional or psychological problems?	Yes	No
	8 ...did you continue to use the substance after you knew that it was causing problems with your family, friends, at work, or at school?	Yes	No
	9 ...have you given up or greatly reduced important activities in order to get or to use the substance— activities like sports, work, or associating with friends or relatives?	Yes	No
	10 ...did using the substance frequently interfere with your work at school, on a job, or at home?	Yes	No
	11 ...have there been times when you used the substance in situations where you could get hurt, — for example, while participating in traffic, or operating a machine, or anything else?	Yes	No

4b If gambling is causing the most problems, fill in the next questions.
«In the past 12 months,»

		Circle Yes or No.	
12 months	1 ...have you often been preoccupied with thoughts about gambling?	Yes	No
	2 ...did you need to gamble with more and more money to get the excitement that you desired?	Yes	No
	3 ...have you regularly tried to stop or cut down gambling but without success?	Yes	No
	4 ...did stopping or cutting down gambling make you feel restless or irritable?	Yes	No
	5 ...have you often gambled while feeling stressed (e.g., helpless, guilty, anxious, depressed)?	Yes	No
	6 ...after losing money by gambling, did you often return another day to try to win back your losses?	Yes	No
	7 ...did you lie to hide your gambling?	Yes	No
	8 ...have you put at risk or lost a significant relationship, job, or educational or career opportunity because of your gambling?	Yes	No
	9 ...did you rely on others to provide money to relieve desperate financial situations caused by your gambling?	Yes	No