NAME/ID:

DATE:

SAS©
Substance Use Awareness and Insight Scale

We are interested in your own beliefs about your experiences with substance use. We are NOT interested in what others believe or may wish you to believe.

Indicate if you have ever had any of the following experiences either during or between drug use by reading the questions and marking ☒ either Yes or No.

	Yes	No
A) Restlessness?	☐	☐
B) Nervousness or anxiety?	☐	☐
C) Irritability, mood swings, agitation, or aggression?	☐	☐
D) Changes in appetite?	☐	☐
E) Trouble concentrating or remembering things?	☐	☐
F) Sleep disturbances (e.g. sleeping too much or too little)?	☐	☐
G) Fatigue or drowsiness?	☐	☐
H) Depressed mood, hopelessness, or despair?	☐	☐
I) Suicidal thoughts?	☐	☐
J) Difficulty speaking or slurred speech?	☐	☐
K) Lack of coordination, unsteadiness, or difficulty controlling movements?	☐	☐
L) Tremors, shakiness, or other abnormal movements?	☐	☐
M) Excessive sweating?	☐	☐
N) Intense drug cravings?	☐	☐
O) Persistent thoughts about drug use?	☐	☐
P) Chest pain, shortness of breath, increased heart rate or blood pressure?	☐	☐
Q) Nausea, vomiting, diarrhea, or constipation?	☐	☐
R) Severe muscle or bone pain?	☐	☐
S) Flu-like symptoms?	☐	☐
T) Hot or cold flashes?	☐	☐
U) Paranoia, illusions, hallucinations, or flashbacks?	☐	☐
V) Other: _____	☐	☐

☐ If '**No**' to ALL of the above, please go to the next page.

☐ If '**Yes**' to any of the above, indicate the extent to which you agree or disagree at the present moment with the following statement by circling the appropriate number, keeping in mind your experiences.

1) My experiences are due to my substance use.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree | **Moderately Disagree** | **Slightly Disagree** | **Unsure** | **Slightly Agree** | **Moderately Agree** | **Strongly Agree**

Please indicate the extent to which you agree or disagree at the present moment with each of the following statements by circling the appropriate number.

2) I have a substance use problem.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

3) I NEED help for my substance use.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

4) I always use substances responsibly.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

5) I can safely continue my current substance use habits.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

6) My substance use has led or can lead to negative consequences in my life (e.g. addiction, health, work, family, social, financial, or legal issues).

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

7) I NEED treatment for my substance use.

0----------1----------2----------3----------4----------5----------6----------7----------8----------9----------10

Strongly Disagree	Moderately Disagree	Slightly Disagree	Unsure	Slightly Agree	Moderately Agree	Strongly Agree

THE END