

Substances and Choices Scale

Name

Date of birth

The SACS is only to be used by health professionals working with young people who are engaged in a treatment agency.

The questions in part A) and B) are about your use of alcohol and drugs over the last month. This does not include tobacco or prescribed medicine. Please answer every question as best you can, even if you are not certain. Tick only one box on each row.

Date completed..... Clinician

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A) How often did you use each of the following in the last month?	Didn't Use	Once a week or less	More than once a week	Most days or more
1. Alcoholic drinks (e.g. beer, wine, spirits, premixes)				
2. Cannabis (e.g. weed, marijuana)				
3. Ecstasy and other party pills (e.g. 'E', mephedrone, BZP)				
4. Hallucinogens (e.g. LSD, acid, mushrooms, ketamine)				
5. Inhalants (e.g. glue, petrol, solvents, paint, nitrous)				
6. Amphetamines (e.g. speed, crystal, ice, base)				
7. Sedatives (e.g. sleeping pills, benzos, downers, valium)				
8. Synthetic cannabinoids (smokable 'herbal highs')				

A) How often did you use each of the following in the last month?	Didn't Use	Once a week or less	More than once a week	Most days or more
9. Opiates (e.g. heroin, morphine, methadone, codeine)				
10. Cocaine (e.g. coke, crack, blow)				
11. Other drug:				
12. Other drug:				
B) Mark one box (on each row), on the basis of how things have been for you over the last month.		Not true	Somewhat true	Certainly true
1. I took alcohol or drugs when I was alone.				
2. I've thought I might be hooked or addicted to alcohol or drugs.				
3. Most of my free time has been spent getting hold of, taking, or recovering from alcohol or drugs.				
4. I've wanted to cut down on the amount of alcohol and drugs that I am using.				
5. My alcohol and drug use has stopped me getting important things done.				
6. My alcohol or drug use has led to arguments with the people I live with (family, flatmates or caregivers etc.).				
7. I've had unsafe sex or an unwanted sexual experience when taking alcohol or drugs.				

B) Mark one box (on each row), on the basis of how things have been for you over the last month.		Not true	Somewhat true	Certainly true
8. My performance or attendance at school (or at work) has been affected by my alcohol or drug use.				
9. I did things that could have got me into serious trouble (stealing, vandalism, violence etc.) when using alcohol or drugs.				
10. I've driven a car while under the influence of alcohol or drugs (or have been driven by someone under the influence).				
TOTAL				
C) Finally, how often have you used tobacco (e.g. cigarettes, cigars) in the last month?	Never	Once a week or less	More than once a week	Most days or more

Date Completed Clinician

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Christie, G., Marsh, R., Sheridan, J., Wheeler, A., Suaalii-Sauni, T., Black, S., Butler, R. (2007) "The Substances and Choices Scale (SACS) - the development and testing of a new alcohol and other drug screening and outcome measurement instrument for young people." *Addiction*, Vol 102, Number 9, September 2007, pp1390 - 1389

The Substances and Choices Scale (SACS) is a screening and outcome measurement tool specifically designed to be used with young people aged 13 - 18. For detailed information on scoring and administering SACS go to www.sacsinfo.com