

{Module Name} Module
Brief Substance Craving Scale

Agency Name: _____

Site Name: _____

ID #: _____

Date: ___ / ___ / _____

STAFF 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 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. _____

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.