

**Short Inventory of Problems Revised (SIP-R)**

Protocol Number: XXXXXXXX-XXXX

Participant #: _____ <sup>a</sup>	Name Code: _____ <sup>b</sup>	Visit #: _____ <sup>c</sup>
Form Completion Status: _____ <sup>d</sup>	Visit Date: _____ <sup>f</sup> / _____ <sup>g</sup> / _____ <sup>h</sup> <div style="display: flex; justify-content: space-around; font-size: small;"> <span>m m</span> <span>d d</span> <span>y y y y</span> </div>	
<div style="font-size: x-small;"> 1=CRF administered  2=Participant refused  3=Staff member did not administer  4=Not enough time to administer  5=No participant contact  6=Other (specify: _____)<sup>e</sup> </div>		
Node #: _____ <sup>i</sup>	Site #: _____ <sup>j</sup>	

Here are a number of events that drinkers or drug users sometimes experience. Read each one carefully and indicate how often each one has happened to you **DURING THE PAST 3 MONTHS** (Never, Once or a few times, etc.). If an item does not apply to you, choose "Never." Choose one answer for each item.

<b>DURING THE PAST 3 MONTHS, about how often has this happened to you?</b>	Never	Once or a few times	Once or twice a week	Daily or almost daily	
1. I have been unhappy because of my drinking or drug use.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	1
2. Because of my drinking or drug use, I have lost weight or not eaten properly.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	2
3. I have failed to do what is expected of me because of my drinking or drug use.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	3
4. I have felt guilty or ashamed because of my drinking or drug use.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	4
5. I have taken foolish risks when I have been drinking or using drugs.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	5
6. When drinking or using drugs, I have done impulsive things that I regretted later.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	6
7. Drinking or using one drug has caused me to use other drugs more.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	7
8. I have gotten into trouble because of drinking or drug use.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	8
9. The quality of my work has suffered because of my drinking or drug use.	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	9

