

SASSI - Sample

T F Fill in this way.

If a statement tends to be TRUE for you, fill in the square in the column headed T: that is,
 If a statement tends to be FALSE for you, fill in the square in the column headed F: that is,
 Please try to answer all questions.

- | | | | |
|--------------------------|--------------------------|---|--|
| T | F | | |
| <input type="checkbox"/> | <input type="checkbox"/> | PEOPLE GENERALLY LIKE TO HELP OTHERS* | I HAVE NEVER BEEN IN TROUBLE WITH THE POLICE. |
| <input type="checkbox"/> | <input type="checkbox"/> | I THINK THERE IS SOMETHING WRONG WITH MY MEMORY * | I HAVE NEVER BROKEN A MAJOR LAW * |
| <input type="checkbox"/> | <input type="checkbox"/> | I HAVE NOT LIVED THE WAY I SHOULD | I HAVE USED ALCOHOL OR "POT" TOO MUCH OR TOO OFTEN |
| <input type="checkbox"/> | <input type="checkbox"/> | SOMETIMES I HAVE A HARD TIME SITTING STILL | MOST PEOPLE WOULD LIE TO GET WHAT THEY WANT |
| <input type="checkbox"/> | <input type="checkbox"/> | MY FATHER USUALLY IGNORED ME WHEN I WAS A CHILD | AT TIMES I HAVE BEEN SO FULL OF PEP THAT I FELT I DIDN'T |
| <input type="checkbox"/> | <input type="checkbox"/> | I LIKE TO OBEY THE LAW * | NEED SLEEP FOR DAYS AT A TIME |
| <input type="checkbox"/> | <input type="checkbox"/> | I FREQUENTLY FEEL NAUSEATED * | I TAKE ALL MY RESPONSIBILITIES SERIOUSLY * |
| <input type="checkbox"/> | <input type="checkbox"/> | MY SCHOOL TEACHERS HAD SOME PROBLEMS WITH ME * | I AM USUALLY HAPPY * |
| <input type="checkbox"/> | <input type="checkbox"/> | MUCH OF MY LIFE IS UNINTERESTING * | I HAVE HAD A DRINK FIRST THING IN THE MORNING TO STEADY |
| <input type="checkbox"/> | <input type="checkbox"/> | I BREAK MORE LAWS THAN MANY PEOPLE * | MY NERVES OR GET RID OF A HANGOVER |

* These items are taken from the Psychological Screening Inventory, ©1968 by Richard I. Lanyon, Ph.D., and are used here by permission.

For each item below, circle the number which reflects how often you have experienced the situation described.
 The numbers below represent the following categories:

0 = Never 1 = Once or Twice 2 = Several Times 3 = Repeatedly

ALCOHOL

- | | | | | | | | | | |
|---|---|---|---|--|---|---|---|---|--|
| 0 | 1 | 2 | 3 | 1. HAD DRINKS WITH LUNCH? | 0 | 1 | 2 | 3 | 1. TAKEN DRUGS TO "EXPAND YOUR CONSCIOUSNESS" (E.G., THOUGHTS, FEELINGS, IDEAS)? |
| 0 | 1 | 2 | 3 | 4. HAD MORE TO DRINK THAN YOU INTENDED TO? | 0 | 1 | 2 | 3 | 4. TAKEN DRUGS TO ENHANCE SEXUAL PERFORMANCE OR ENJOYMENT? |
| 0 | 1 | 2 | 3 | 7. BECAME DEPRESSED AFTER HAVING SOBERED UP? | 0 | 1 | 2 | 3 | 7. GOTTEN INTO TROUBLE WITH THE LAW BECAUSE OF DRUGS? |
| 0 | 1 | 2 | 3 | 10. EXPERIENCED BROKEN RELATIONSHIPS (E.G., LOSS OF FRIENDS, SEPARATION, DIVORCE, ETC.) BECAUSE OF DRINKING? | 0 | 1 | 2 | 3 | 10. SPENT YOUR SPARE TIME IN DRUG-RELATED ACTIVITIES (E.G., TALKING ABOUT DRUGS, BUYING, SELLING, TAKING, ETC.)? |
| 0 | 1 | 2 | 3 | | 0 | 1 | 2 | 3 | 13. FELT YOUR DRUG USE HAS KEPT YOU FROM GETTING WHAT YOU WANT OUT OF LIFE? |

OTHER DRUGS