### Brief Substance Craving Scale

#### A. Identify the primary substance dependence for which the participant is being treated at this clinic.

<table>
<thead>
<tr>
<th>Substance</th>
<th>ID</th>
</tr>
</thead>
<tbody>
<tr>
<td>Downers or Sedatives (Barbiturates, etc.)</td>
<td>[1]</td>
</tr>
<tr>
<td>Benzos (Valium, Xanax, etc.)</td>
<td>[2]</td>
</tr>
<tr>
<td>Hallucinogens (including ecstasy)</td>
<td>[3]</td>
</tr>
<tr>
<td>Alcohol</td>
<td>[4]</td>
</tr>
<tr>
<td>Heroin or other Opiates (Morphine, etc.)</td>
<td>[5]</td>
</tr>
<tr>
<td>Marijuana</td>
<td>[6]</td>
</tr>
<tr>
<td>Stimulants (cocaine, amphetamine)</td>
<td>[7]</td>
</tr>
<tr>
<td>Other (specify): ___________________________</td>
<td>[8]</td>
</tr>
</tbody>
</table>

#### STAFF USE ONLY

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]
   - Considerable [2]
   - Extreme [3]

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.

___ ___