

Simple Screening Instrument (SSI-SA) Client name _____

Have you ever tried alcohol? ☐ Yes ☐ No What age was your first time?: _____

How much and often do you drink? _____

Have you tried to quit? ☐ Yes ☐ No

What is the longest you've quit for? _____

Do you think you've had a problem with alcohol? ☐ Yes ☐ No

Ever felt guilty for your use? ☐ Yes ☐ No

Has drinking caused any problems at work, school, relationships, friendships? _____

Have you had any *legal* problems due to drinking; DUI, MIP, Assaults? _____

Have you ever done anything while using alcohol that you wouldn't *normally* do? _____

Have you ever tried any others drugs?

☐ Amphetamines-Meth ☐ Marijuana ☐ Cocaine ☐ LSD ☐ Ecstasy ☐ Opiates ☐ K2
☐ Steroids ☐ Khat ☐ Inhalants ☐ Whippets ☐ Dusters ☐ Glue ☐ Bath Salts

Prescription drugs: ☐ Barbituates/Benzodiazepines/Sedatives ☐ Xanax ☐ Ambien
☐ Pain Killers ☐ Robotripping ☐ _____ ☐ _____

Over the counter drugs: ☐ Sleep Aides ☐ Energy Enhancements ☐ _____

If yes to any of the above:

Substance:	First Time:	How Much:	How Often:	Last Used:

Have you had any consequences of your drug or alcohol use? Hangovers, blackouts, overdoses, medical problems, financial or employment consequences? _____

Do you smoke or chew? ☐ Yes ☐ No How much/How often? _____

Do you take caffeine? ☐ Yes ☐ No How much/How often? _____

Do you entertain yourself in any other activities such as, gambling, pornography, video games, the internet or Facebook?: _____

How much/How often: _____

Has anyone in your family had issues with drug or alcohol use? Mother, Father, Siblings, Grandparents, Spouse?: _____

Have you or anyone in your family ever been to drug or alcohol treatments?

☐ Yes-Self ☐ Yes-Family ☐ No

When/Where: _____

Do you have any allergies?: _____

WHODAS 2.0

World Health Organization Disability Assessment Schedule 2.0

36-item version, self-administered

Patient Name: _____ Age: _____ Sex: ☐ Male ☐ Female Date: _____

This questionnaire asks about difficulties due to health/mental health conditions. Health conditions include diseases or illnesses, other health problems that may be short or long lasting, injuries, mental or emotional problems, and problems with alcohol or drugs. Think back over the past 30 days and answer these questions thinking about how much difficulty you had doing the following activities. For each question, please circle only one response.

Numeric scores assigned to each of the items:						Clinician Use Only								
						1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score	
In the <u>last 30 days</u> , how much difficulty did you have in:														
Understanding and communicating														
D1.1	<u>Concentrating</u> on doing something for <u>ten minutes</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do		30	5	
D1.2	<u>Remembering</u> to do <u>important things</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D1.3	<u>Analyzing</u> and finding solutions to problems in day-to-day life?					None	Mild	Moderate	Severe	Extreme or cannot do				
D1.4	<u>Learning</u> a <u>new task</u> , for example, learning how to get to a new place?					None	Mild	Moderate	Severe	Extreme or cannot do				
D1.5	<u>Generally understanding</u> what people say?					None	Mild	Moderate	Severe	Extreme or cannot do				
D1.6	<u>Starting</u> and maintaining a <u>conversation</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
Getting around														
D2.1	<u>Standing</u> for <u>long periods</u> , such as <u>30 minutes</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do		25	5	
D2.2	<u>Standing up</u> from sitting down?					None	Mild	Moderate	Severe	Extreme or cannot do				
D2.3	<u>Moving</u> around <u>inside your home</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D2.4	<u>Getting out</u> of your <u>home</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D2.5	<u>Walking</u> a <u>long distance</u> , such as a kilometer (or equivalent)?					None	Mild	Moderate	Severe	Extreme or cannot do				
Self-care														
D3.1	<u>Washing</u> your <u>whole body</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do		20	5	
D3.2	Getting <u>dressed</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D3.3	<u>Eating</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D3.4	Staying <u>by yourself</u> for a <u>few days</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
Getting along with people														
D4.1	<u>Dealing</u> with people you do not know?					None	Mild	Moderate	Severe	Extreme or cannot do		25	5	
D4.2	<u>Maintaining</u> a <u>friendship</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D4.3	<u>Getting along</u> with people who are <u>close</u> to you?					None	Mild	Moderate	Severe	Extreme or cannot do				
D4.4	<u>Making</u> <u>new friends</u> ?					None	Mild	Moderate	Severe	Extreme or cannot do				
D4.5	<u>Sexual</u> activities?					None	Mild	Moderate	Severe	Extreme or cannot do				

Numeric scores assigned to each of the items:							Clinician Use Only									
							1	2	3	4	5	Raw Item Score	Raw Domain Score	Average Domain Score		
In the <u>last 30 days</u> , how much difficulty did you have in:																
Life activities—Household																
D5.1	Taking care of your <u>household responsibilities</u> ?						None	Mild	Moderate	Severe	Extreme or cannot do		20	5		
D5.2	Doing most important household tasks <u>well</u> ?						None	Mild	Moderate	Severe	Extreme or cannot do					
D5.3	Getting all of the household work <u>done</u> that you needed to do?						None	Mild	Moderate	Severe	Extreme or cannot do					
D5.4	Getting your household work done as <u>quickly</u> as needed?						None	Mild	Moderate	Severe	Extreme or cannot do					
Life activities—School/Work																
If you work (paid, non-paid, self-employed) or go to school, complete questions D5.5–D5.8, below. Otherwise, skip to D6.1.																
Because of your health condition, in the past <u>30 days</u> , how much <u>difficulty</u> did you have in:																
D5.5	Your day-to-day <u>work/school</u> ?						None	Mild	Moderate	Severe	Extreme or cannot do		20	5		
D5.6	Doing your most important work/school tasks <u>well</u> ?						None	Mild	Moderate	Severe	Extreme or cannot do					
D5.7	Getting all of the work <u>done</u> that you need to do?						None	Mild	Moderate	Severe	Extreme or cannot do					
D5.8	Getting your work done as <u>quickly</u> as needed?						None	Mild	Moderate	Severe	Extreme or cannot do					
Participation in society																
In the past <u>30 days</u> :																
D6.1	How much of a problem did you have in <u>joining in community activities</u> (for example, festivities, religious, or other activities) in the same way as anyone else can?						None	Mild	Moderate	Severe	Extreme or cannot do		40	5		
D6.2	How much of a problem did you have because of <u>barriers or hindrances</u> around you?						None	Mild	Moderate	Severe	Extreme or cannot do					
D6.3	How much of a problem did you have <u>living with dignity</u> because of the attitudes and actions of others?						None	Mild	Moderate	Severe	Extreme or cannot do					
D6.4	How much <u>time</u> did <u>you</u> spend on your health condition or its consequences?						None	Some	Moderate	A Lot	Extreme or cannot do					
D6.5	How much have <u>you</u> been <u>emotionally affected</u> by your health condition?						None	Mild	Moderate	Severe	Extreme or cannot do					
D6.6	How much has your health been a <u>drain on the financial resources</u> of you or your family?						None	Mild	Moderate	Severe	Extreme or cannot do					
D6.7	How much of a problem did your <u>family</u> have because of your health problems?						None	Mild	Moderate	Severe	Extreme or cannot do					
D6.8	How much of a problem did you have in doing things <u>by yourself</u> for <u>relaxation or pleasure</u> ?						None	Mild	Moderate	Severe	Extreme or cannot do					
General Disability Score (Total):												180	5			

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