

Appendix: Test Forms, Answer Sheets, and Profile Forms

The questionnaire forms appended to this manual are in the public domain and may be photocopied for local use without fee or permission.

Alcohol Consequences

DrInC	2L	Lifetime consequences form for subjects/clients
DrInC	2R	Recent consequences form for subjects/clients
SIP	2L	Lifetime consequences short form for subjects/clients
SIP	2R	Recent consequences short form for subjects/clients

Collateral Forms

DrInC	2L-SOf	Lifetime consequences form for collaterals of female subjects/clients
DrInC	2L-SOm	Lifetime consequences form for collaterals of male subjects/clients
DrInC	2R-SOf	Recent consequences form for collaterals of female subjects/clients
DrInC	2R-SOm	Recent consequences form for collaterals of male subjects/clients

Alcohol/Drug Use Consequences (InDUC)

InDUC	2L	Lifetime consequences form for subjects/clients
InDUC	2R	Recent consequences form for subjects/clients

- Collateral Forms**
- InDUC 2L-SOf Lifetime consequences form for collaterals of female subjects/clients
 - InDUC 2L-SOm Lifetime consequences form for collaterals of male subjects/clients
 - InDUC 2R-SOf Recent consequences form for collaterals of female subjects/clients
 - InDUC 2R-SOm Recent consequences form for collaterals of male subjects/clients

Drinker Inventory of Consequences (DrInC-2L)

FOR OFFICE USE ONLY

_____ Study

_____ ID

_____ Point

_____ Date

_____ RAid

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates whether this has *EVER* happened to you (0 = No, 1 = Yes). If an item does not apply to you, circle zero (0).

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
1. I have had a hangover or felt bad after drinking.	0	1
2. I have felt bad about myself because of my drinking.	0	1
3. I have missed days of work or school because of my drinking.	0	1
4. My family or friends have worried or complained about my drinking.	0	1
5. I have enjoyed the taste of beer, wine, or liquor.	0	1
6. The quality of my work has suffered because of my drinking.	0	1
7. My ability to be a good parent has been harmed by my drinking.	0	1
8. After drinking, I have had trouble with sleeping, staying asleep, or nightmares.	0	1
9. I have driven a motor vehicle after having three or more drinks.	0	1

Please continue on the next page.

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
10. My drinking has caused me to use other drugs more.	0	1
11. I have been sick and vomited after drinking.	0	1
12. I have been unhappy because of my drinking.	0	1
13. Because of my drinking, I have not eaten properly.	0	1
14. I have failed to do what is expected of me because of my drinking.	0	1
15. Drinking has helped me to relax.	0	1
16. I have felt guilty or ashamed because of my drinking.	0	1
17. While drinking, I have said or done embarrassing things.	0	1
18. When drinking, my personality has changed for the worse.	0	1
19. I have taken foolish risks when I have been drinking.	0	1
20. I have gotten into trouble because of drinking.	0	1
21. While drinking or using drugs, I have said harsh or cruel things to someone.	0	1
22. When drinking, I have done impulsive things that I regretted later.	0	1
23. I have gotten into a physical fight while drinking.	0	1
24. My physical health has been harmed by my drinking.	0	1
25. Drinking has helped me to have a more positive outlook on life.	0	1
26. I have had money problems because of my drinking.	0	1

Please continue on the next page.

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
27. My marriage or love relationship has been harmed by my drinking.	0	1
28. I have smoked tobacco more when I am drinking.	0	1
29. My physical appearance has been harmed by my drinking.	0	1
30. My family has been hurt by my drinking.	0	1
31. A friendship or close relationship has been damaged by my drinking.	0	1
32. I have been overweight because of my drinking.	0	1
33. My sex life has suffered because of my drinking.	0	1
34. I have lost interest in activities and hobbies because of my drinking.	0	1
35. When drinking, my social life has been more enjoyable.	0	1
36. My spiritual or moral life has been harmed by my drinking.	0	1
37. Because of my drinking, I have not had the kind of life that I want.	0	1
38. My drinking has gotten in the way of my growth as a person.	0	1
39. My drinking has damaged my social life, popularity, or reputation.	0	1
40. I have spent too much or lost a lot of money because of my drinking.	0	1
41. I have been arrested for driving under the influence of alcohol.	0	1

Please continue on the next page.

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
42. I have had trouble with the law (other than driving while intoxicated) because of my drinking.	0	1
43. I have lost a marriage or a close love relationship because of my drinking.	0	1
44. I have been suspended/fired from or left a job or school because of my drinking.	0	1
45. I drank alcohol normally, without any problems.	0	1
46. I have lost a friend because of my drinking.	0	1
47. I have had an accident while drinking or intoxicated.	0	1
48. While drinking or intoxicated, I have been physically hurt, injured, or burned.	0	1
49. While drinking or intoxicated, I have injured someone else.	0	1
50. I have broken things while drinking or intoxicated.	0	1

DrInC Scoring Sheet

Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility	Control Scale*	
1 _____		2 _____		3 _____		
	4 _____			6 _____	5 _____	
	7 _____					
8 _____			9 _____			
			10 _____			
11 _____		12 _____				
13 _____				14 _____	15 _____	
		16 _____				
	17 _____	18 _____	19 _____	20 _____		
	21 _____		22 _____			
			23 _____			
24 _____					25 _____	
				26 _____		
	27 _____		28 _____			
29 _____	30 _____					
	31 _____		32 _____			
33 _____		34 _____			35 _____	
		36 _____				
		37 _____				
		38 _____				
	39 _____			40 _____		
			41 _____			
			42 _____			
	43 _____			44 _____	45 _____	
	46 _____		47 _____			
48 _____			49 _____			
			50 _____			
_____ +	_____ +	_____ +	_____ +	_____ -	_____ =	_____
Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility	Total DrInC Score	Control Scale*

INSTRUCTIONS: For each item, copy the circled number from the answer sheet next to the item number above. Then sum each column to calculate scale totals. Sum these totals to calculate the total DrInC score.

* Zero scores on Control Scale items may indicate careless or dishonest responding. On version 2R (Recent Drinking), totals of 5 or less are suspect.

DrInC Profile Sheet

Profile form for MEN

LIFETIME (Ever) Consequences (2L)

DECILE SCORES	Total Score	Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility
10	43-45					
9 Very high	41-42					
8	39-40	8	10		10	
7 High	37-38				9	7
6	36	7	9		8	
5 Medium	33-35		8	8	7	6
4	31-32	6	7			
3 Low	28-30		6	7	6	5
2	23-27	5	5	6	4-5	4
1 Very low	0-22	0-4	0-4	0-5	0-3	0-3

RAW SCORES:

INSTRUCTIONS: Transfer the total scale scores from the DrInC Scoring Form to the raw score line at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

These interpretive ranges are based on a sample of 1,047 adult men presenting for treatment. Individual scores are therefore ranked as low, medium, or high *relative to men already presenting for treatment*. The normative data are from Project MATCH, a multisite clinical sample. For details of study design see:

Project MATCH Research Group. Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism: Clinical and Experimental Research* 17:1130-1145, 1993.

DrInC Profile Sheet

Profile form for WOMEN

LIFETIME (Ever) Consequences (2L)

DECILE SCORES	Total Score	Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility
10	42-45				11-12	
9 Very high	39-41		10		10	7
8	37-38	8			9	
7 High	35-36		9		8	6
6	32-34	7	8	8	7	
5 Medium	29-31		7		6	5
4	26-28	6	5-6	7	5	4
3 Low	24-25	5	4		4	3
2	19-23	4		6	3	2
1 Very low	0-18	0-3	0-3	0-5	0-2	0-1

RAW SCORES:

INSTRUCTIONS: Transfer the total scale scores from the DrInC Scoring Form to the raw score line at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

These interpretive ranges are based on a sample of 342 adult women presenting for treatment. Individual scores are therefore ranked as low, medium, or high *relative to women already presenting for treatment*. The normative data are from Project MATCH, a multisite clinical sample. For details of study design see:

Project MATCH Research Group. Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism: Clinical and Experimental Research* 17:1130-1145, 1993.

Drinker Inventory of Consequences (DrInC-2R)

FOR OFFICE USE ONLY

_____ Study

_____ ID

_____ Point

_____ Date

_____ RAId

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and indicate how often each one has happened to you *DURING THE PAST 3 MONTHS* by circling the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, circle zero (0).

DURING THE PAST 3 MONTHS, about how often has this happened to you?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. I have had a hangover or felt bad after drinking.	0	1	2	3
2. I have felt bad about myself because of my drinking.	0	1	2	3
3. I have missed days of work or school because of my drinking.	0	1	2	3
4. My family or friends have worried or complained about my drinking.	0	1	2	3
5. I have enjoyed the taste of beer, wine, or liquor.	0	1	2	3
6. The quality of my work has suffered because of my drinking.	0	1	2	3
7. My ability to be a good parent has been harmed by my drinking.	0	1	2	3
8. After drinking, I have had trouble with sleeping, staying asleep, or nightmares.	0	1	2	3

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

DURING THE PAST 3 MONTHS, about how often has this happened to you?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
9. I have driven a motor vehicle after having three or more drinks.	0	1	2	3
10. My drinking has caused me to use other drugs more.	0	1	2	3
11. I have been sick and vomited after drinking.	0	1	2	3
12. I have been unhappy because of my drinking.	0	1	2	3
13. Because of my drinking, I have not eaten properly.	0	1	2	3
14. I have failed to do what is expected of me because of my drinking.	0	1	2	3
15. Drinking has helped me to relax.	0	1	2	3
16. I have felt guilty or ashamed because of my drinking.	0	1	2	3
17. While drinking, I have said or done embarrassing things.	0	1	2	3
18. When drinking, my personality has changed for the worse.	0	1	2	3
19. I have taken foolish risks when I have been drinking.	0	1	2	3
20. I have gotten into trouble because of drinking.	0	1	2	3
21. While drinking or using drugs, I have said harsh or cruel things to someone.	0	1	2	3
22. When drinking, I have done impulsive things that I regretted later.	0	1	2	3
23. I have gotten into a physical fight while drinking.	0	1	2	3

Please continue on the next page.

Now answer these questions about things that may have happened to you:

DURING THE PAST 3 MONTHS, how much has this happened?

Circle one answer for each item.	Not at all	A little	Some- what	Very much
24. My physical health has been harmed by my drinking.	0	1	2	3
25. Drinking has helped me to have a more positive outlook on life.	0	1	2	3
26. I have had money problems because of my drinking.	0	1	2	3
27. My marriage or love relationship has been harmed by my drinking.	0	1	2	3
28. I have smoked tobacco more when I am drinking.	0	1	2	3
29. My physical appearance has been harmed by my drinking.	0	1	2	3
30. My family has been hurt by my drinking.	0	1	2	3
31. A friendship or close relationship has been damaged by my drinking.	0	1	2	3
32. I have been overweight because of my drinking.	0	1	2	3
33. My sex life has suffered because of my drinking.	0	1	2	3
34. I have lost interest in activities and hobbies because of my drinking.	0	1	2	3
35. When drinking, my social life has been more enjoyable.	0	1	2	3
36. My spiritual or moral life has been harmed by my drinking.	0	1	2	3
37. Because of my drinking, I have not had the kind of life that I want.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, how much has this happened?

Circle one answer for each item.	Not at all	A little	Some- what	Very much
38. My drinking has gotten in the way of my growth as a person.	0	1	2	3
39. My drinking has damaged my social life, popularity, or reputation.	0	1	2	3
40. I have spent too much or lost a lot of money because of my drinking.	0	1	2	3

Now please indicate whether these things have happened to you DURING THE PAST 3 MONTHS.

Has this happened to you DURING THE PAST 3 MONTHS?

Circle one answer for each item.	No	Almost	Yes, once	Yes, more than once
41. I have been arrested for driving under the influence of alcohol.	0	1	2	3
42. I have had trouble with the law (other than driving while intoxicated) because of my drinking.	0	1	2	3
43. I have lost a marriage or a close love relationship because of my drinking.	0	1	2	3
44. I have been suspended/fired from or left a job or school because of my drinking.	0	1	2	3
45. I drank alcohol normally, without any problems.	0	1	2	3
46. I have lost a friend because of my drinking.	0	1	2	3
47. I have had an accident while drinking or intoxicated.	0	1	2	3
48. While drinking or intoxicated, I have been physically hurt, injured, or burned.	0	1	2	3

Please continue on the next page.

Has this happened to you DURING THE PAST 3 MONTHS?

Circle one answer for each item.

No Almost Yes, once Yes, more than once

49. While drinking or intoxicated, I have injured someone else.	0	1	2	3
50. I have broken things while drinking or intoxicated.	0	1	2	3

DrInC Profile Sheet

Profile form for MEN

RECENT (Past 3 Months) Consequences (2R)

DECILE SCORES	Total Score	Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility
10	86-135	17-24	23-30	23-24	17-36	16-21
9 Very high	75-85	15-16	20-22	21-22	14-16	14-15
8	68-74	13-14	18-19	19-20	12-13	12-13
7 High	60-67	12	15-17	18	10-11	10-11
6	53-59	10-11	13-14	16-17	9	9
5 Medium	46-52	9	11-12	14-15	8	8
4	39-45	7-8	9-10	12-13	7	6-7
3 Low	32-38	6	7-8	10-11	6	5
2	24-31	4-5	5-6	7-9	4-5	3-4
1 Very low	0-23	0-3	0-4	0-6	0-3	0-2

RAW SCORES:

INSTRUCTIONS: Transfer the total scale scores from the DrInC Scoring Form to the raw score line at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

These interpretive ranges are based on a sample of 1,047 adult men presenting for treatment. Individual scores are therefore ranked as low, medium, or high *relative to men already presenting for treatment*. The normative data are from Project MATCH, a multisite clinical sample. For details of study design see:

Project MATCH Research Group. Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism: Clinical and Experimental Research* 17:1130-1145, 1993.

DrInC Profile Sheet

Profile form for WOMEN

RECENT (Past 3 Months) Consequences (2R)

DECILE SCORES	Total Score	Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility
10	81-135	17-24	22-30	23-24	15-36	14-21
9 Very high	68-80	14-16	18-21	22	12-14	12-13
8	61-67	13	15-17	20-21	11	10-11
7 High	53-60	11-12	13-14	18-19	9-10	9
6	48-52	10	11-12	15-17	8	8
5 Medium	41-47	9	9-10	14	6-7	6-7
4	36-40	7-8	8	12-13	5	5
3 Low	29-35	6	6-7	10-11	4	3-4
2	22-28	4-5	3-5	7-9	3	2
1 Very low	0-21	0-3	0-2	0-6	0-2	1

RAW SCORES:

INSTRUCTIONS: Transfer the total scale scores from the DrInC Scoring Form to the raw score line at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

These interpretive ranges are based on a sample of 342 adult women presenting for treatment. Individual scores are therefore ranked as low, medium, or high relative to women already presenting for treatment. The normative data are from Project MATCH, a multisite clinical sample. For details of study design see:

Project MATCH Research Group. Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism: Clinical and Experimental Research* 17:1130-1145, 1993.

Short Inventory of Problems (SIP-2L)

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates whether this has *EVER* happened to you (0 = No, 1 = Yes). If an item does not apply to you, circle zero (0).

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
1. I have been unhappy because of my drinking.	0	1
2. Because of my drinking, I have not eaten properly.	0	1
3. I have failed to do what is expected of me because of my drinking.	0	1
4. I have felt guilty or ashamed because of my drinking.	0	1
5. I have taken foolish risks when I have been drinking.	0	1
6. When drinking, I have done impulsive things that I regretted later.	0	1
7. My physical health has been harmed by my drinking.	0	1
8. I have had money problems because of my drinking.	0	1
9. My physical appearance has been harmed by my drinking.	0	1
10. My family has been hurt by my drinking.	0	1
11. A friendship or close relationship has been damaged by my drinking.	0	1
12. My drinking has gotten in the way of my growth as a person.	0	1
13. My drinking has damaged my social life, popularity, or reputation.	0	1
14. I have spent too much or lost a lot of money because of my drinking.	0	1
15. I have had an accident while drinking or intoxicated.	0	1

SIP Scoring Sheet

Physical	Inter- personal	Intra- personal	Impulse Control	Social Responsibility	
		1_____			
2_____				3_____	
		4_____	5_____		
			6_____		
7_____				8_____	
9_____					
	10_____				
	11_____	12_____			
	13_____			14_____	
			15_____		
_____+	_____+	_____+	_____+	_____	= _____
Physical	Inter- personal	Intra- personal	Impulse Control	Social Responsibility	Total SIP Score

INSTRUCTIONS: For each item, copy the circled number from the answer sheet next to the item number above. Then sum each column to calculate scale totals. Add these sums to calculate the total SIP score.

SIP 2L Profile Sheet

CURRENT Consequences

DECILE SCORES	Total Score		Physical		Inter-personal		Intra-personal		Impulse Control		Social Responsibil.	
	Male	Female	M	F	M	F	M	F	M	F	M	F
10	36-45	35-45	9	9	9	9			6-9	6-9		9
9 Very high	32-35	34	8	8		8	9		5	5	9	8
8	30-31	30-33	7	7	8	7		9	4	4	8	7
7 High	26-29	26-29	6	6	7	6	8	8		3	7	6
6	23-25	23-25	5	5	6	5	7		3		6	5
5 Medium	20-22	19-22	4	4	5	4	6	7		2	5	4
4	17-19	17-18			4	3	5	6	2		4	3
3 Low	14-16	15-16	3	3	3	2	4	5		1	3	2
2	10-13	11-14	2	2	2	1	3	4	1		2	1
1 Very low	0-9	0-10	0-1	1	0-1	0	0-2	0-3	0	0	0-1	0

RAW SCORES:

INSTRUCTIONS: Transfer the total scale scores from the SIP Scoring Form to the raw scores line at the bottom of the Profile Sheet. Then for each scale, CIRCLE the same value above it to determine the decile range.

These interpretive ranges are based on a sample of 1,389 men and 342 women presenting for treatment. Individual scores are therefore ranked as low, medium, or high *relative to adults already presenting for treatment*. The normative data are from Project MATCH, a multisite clinical sample. For details of study design see:

Project MATCH Research Group. Rationale and methods for a multisite clinical trial matching patients to alcoholism treatment. *Alcoholism: Clinical and Experimental Research* 17:1130-1145, 1993.

Short Inventory of Problems (SIP-2R)

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and indicate how often each one has happened to you *DURING THE PAST 3 MONTHS* (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, circle zero (0).

<i>DURING THE PAST 3 MONTHS, about how often has this happened to you?</i>				
Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. I have been unhappy because of my drinking.	0	1	2	3
2. Because of my drinking, I have not eaten properly.	0	1	2	3
3. I have failed to do what is expected of me because of my drinking.	0	1	2	3
4. I have felt guilty or ashamed because of my drinking.	0	1	2	3
5. I have taken foolish risks when I have been drinking.	0	1	2	3
6. When drinking, I have done impulsive things that I regretted later.	0	1	2	3

Please continue on the next page

Now answer these questions about things that may have happened to you.

DURING THE PAST 3 MONTHS, how much has this happened?				
Circle one answer for each item.	Not at all	A little	Some- what	Very much
7. My physical health has been harmed by my drinking.	0	1	2	3
8. I have had money problems because of my drinking.	0	1	2	3
9. My physical appearance has been harmed by my drinking.	0	1	2	3
10. My family has been hurt by my drinking.	0	1	2	3
11. A friendship or close relationship has been damaged by my drinking.	0	1	2	3
12. My drinking has gotten in the way of my growth as a person.	0	1	2	3
13. My drinking has damaged my social life, popularity, or reputation.	0	1	2	3
14. I have spent too much or lost a lot of money because of my drinking.	0	1	2	3
15. I have had an accident while drinking or intoxicated.	0	1	2	3

Drinker Inventory of Consequences (DrInC-2L-Sof)

FOR OFFICE USE ONLY	
	Study
	ID
	Point
	Date
	RAId

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates whether, to the best of your knowledge, this has *EVER* happened to the person about whom you are concerned (0 = No, 1 = Yes). If an item does not apply or you do not know, circle zero (0).

Has this EVER happened to her? Circle one answer for each item.	No	Yes
1. She has had a hangover or felt bad after drinking.	0	1
2. She has missed days of work or school because of her drinking.	0	1
3. Her family or friends have worried or complained about her drinking.	0	1
4. The quality of her work has suffered because of her drinking.	0	1
5. Her ability to be a good parent has been harmed by her drinking.	0	1
6. She has driven a motor vehicle after having three or more drinks.	0	1
7. She has been sick and vomited after drinking.	0	1
8. Because of her drinking, she has not eaten properly.	0	1
9. She has failed to do what is expected of her because of her drinking.	0	1

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this <i>EVER</i> happened to her? Circle one answer for each item.	No	Yes
10. While drinking, she has said or done embarrassing things.	0	1
11. When drinking, her personality has changed for the worse.	0	1
12. She has taken foolish risks when drinking.	0	1
13. She has gotten into trouble because of her drinking.	0	1
14. When drinking, she has said harsh or cruel things to someone.	0	1
15. When drinking, she has done impulsive things that she regretted later.	0	1
16. She has gotten into a physical fight while drinking.	0	1
17. Her physical health has been harmed by her drinking.	0	1
18. She has had money problems because of her drinking.	0	1
19. Her marriage or love relationship has been harmed by her drinking.	0	1
20. Her physical appearance has been harmed by her drinking.	0	1
21. Her family has been hurt by her drinking.	0	1
22. A friendship or close relationship of hers has been damaged by her drinking.	0	1
23. She has been overweight because of her drinking.	0	1
24. She has lost interest in activities and hobbies because of her drinking.	0	1

Please continue on the next page.

Has this EVER happened to her? Circle one answer for each item.	No	Yes
25. Her drinking has damaged her social life, popularity, or reputation.	0	1
26. She has spent too much or lost a lot of money because of her drinking.	0	1
27. She has been arrested for driving under the influence of alcohol.	0	1
28. She has had trouble with the law (other than driving while intoxicated) because of her drinking.	0	1
29. She has lost a marriage or a close love relationship because of her drinking.	0	1
30. She has been suspended/fired from or left a job or school because of her drinking.	0	1
31. She has lost a friend because of her drinking.	0	1
32. She has had an accident while drinking or intoxicated.	0	1
33. While drinking or intoxicated, she has been physically hurt, injured, or burned.	0	1
34. While drinking or intoxicated, she has injured someone else.	0	1
35. She has broken things or damaged property while drinking or intoxicated.	0	1

Drinker Inventory of Consequences (DrInC-2L-SOm)

FOR OFFICE USE ONLY

Study
ID
Point
Date
RAid

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates whether, to the best of your knowledge, this has *EVER* happened to the person about whom you are concerned (0 = No, 1 = Yes). If an item does not apply or you do not know, circle zero (0).

Has this <i>EVER</i> happened to him? Circle one answer for each item.	No	Yes
1. He has had a hangover or felt bad after drinking.	0	1
2. He has missed days of work or school because of his drinking.	0	1
3. His family or friends have worried or complained about his drinking.	0	1
4. The quality of his work has suffered because of his drinking.	0	1
5. His ability to be a good parent has been harmed by his drinking.	0	1
6. He has driven a motor vehicle after having three or more drinks.	0	1
7. He has been sick and vomited after drinking.	0	1
8. Because of his drinking, he has not eaten properly.	0	1
9. He has failed to do what is expected of him because of his drinking.	0	1

Please continue on the next page.

Has this EVER happened to him? Circle one answer for each item.	No	Yes
10. While drinking he has said or done embarrassing things.	0	1
11. When drinking, his personality has changed for the worse.	0	1
12. He has taken foolish risks when drinking.	0	1
13. He has gotten into trouble because of his drinking.	0	1
14. When drinking, he has said harsh or cruel things to someone.	0	1
15. When drinking, he has done impulsive things that he regretted later.	0	1
16. He has gotten into a physical fight while drinking.	0	1
17. His physical health has been harmed by his drinking.	0	1
18. He has had money problems because of his drinking.	0	1
19. His marriage or love relationship has been harmed by his drinking.	0	1
20. His physical appearance has been harmed by his drinking.	0	1
21. His family has been hurt by his drinking.	0	1
22. A friendship or close relationship of his has been damaged by his drinking.	0	1
23. He has been overweight because of his drinking.	0	1
24. He has lost interest in activities and hobbies because of his drinking.	0	1

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this <i>EVER</i> happened to him? Circle one answer for each item.	No	Yes
25. His drinking has damaged his social life, popularity, or reputation.	0	1
26. He has spent too much or lost a lot of money because of his drinking.	0	1
27. He has been arrested for driving under the influence of alcohol.	0	1
28. He has had trouble with the law (other than driving while intoxicated) because of his drinking.	0	1
29. He has lost a marriage or a close love relationship because of his drinking.	0	1
30. He has been suspended/fired from or left a job or school because of his drinking.	0	1
31. He has lost a friend because of his drinking.	0	1
32. He has had an accident while drinking or intoxicated.	0	1
33. While drinking or intoxicated, he has been physically hurt, injured, or burned.	0	1
34. While drinking or intoxicated, he has injured someone else.	0	1
35. He has broken things or damaged property while drinking or intoxicated.	0	1

Drinker Inventory of Consequences (DrInC-2R-Sof)

FOR OFFICE USE ONLY

Study

ID

Point

Date

RAid

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates, to the best of your knowledge, how often this has happened *DURING THE PAST 3 MONTHS* to the person about whom you are concerned (0 = Never, 1 = Once or a few times, etc.). If an item does not apply or you do not know, circle zero (0).

DURING THE PAST 3 MONTHS, about how often has this happened to her?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. She has had a hangover or felt bad after drinking.	0	1	2	3
2. She has missed days of work or school because of her drinking.	0	1	2	3
3. Her family or friends have worried or complained about her drinking.	0	1	2	3
4. The quality of her work has suffered because of her drinking.	0	1	2	3
5. Her ability to be a good parent has been harmed by her drinking.	0	1	2	3
6. She has driven a motor vehicle after having three or more drinks.	0	1	2	3
7. She has been sick and vomited after drinking.	0	1	2	3
8. Because of her drinking, she has not eaten properly.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, about how often has this happened to her?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
9. She has failed to do what is expected of her because of her drinking.	0	1	2	3
10. While drinking she has said or done embarrassing things.	0	1	2	3
11. When drinking, her personality has changed for the worse.	0	1	2	3
12. She has taken foolish risks when drinking.	0	1	2	3
13. She has gotten into trouble because of her drinking.	0	1	2	3
14. When drinking, she has said harsh or cruel things to someone.	0	1	2	3
15. When drinking, she has done impulsive things that she regretted later.	0	1	2	3
16. She has gotten into a physical fight while drinking.	0	1	2	3

Now answer these questions about things that may have happened to her.

DURING THE PAST 3 MONTHS, how much has this happened?

Circle one answer for each item.	Not at all	A little	Some-what	Very much
17. Her physical health has been harmed by her drinking.	0	1	2	3
18. She has had money problems because of her drinking.	0	1	2	3
19. Her marriage or love relationship has been harmed by her drinking.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, how much has this happened?**Circle one answer for each item.**

Not at all	A little	Some- what	Very much
------------	----------	---------------	--------------

20. Her physical appearance has been harmed by her drinking.	0	1	2	3
21. Her family has been hurt by her drinking.	0	1	2	3
22. A friendship or close relationship of hers has been damaged by her drinking.	0	1	2	3
23. She has been overweight because of her drinking.	0	1	2	3
24. She has lost interest in activities and hobbies because of her drinking.	0	1	2	3
25. Her drinking has damaged her social life, popularity, or reputation.	0	1	2	3
26. She has spent too much or lost a lot of money because of her drinking.	0	1	2	3

Has this happened to her DURING THE PAST 3 MONTHS?**Circle one answer for each item.**

No	Almost	Yes, Once	Yes, more than once
----	--------	--------------	------------------------

27. She has been arrested for driving under the influence of alcohol.	0	1	2	3
28. She has had trouble with the law (other than driving while intoxicated) because of her drinking.	0	1	2	3
29. She has lost a marriage or a close love relationship because of her drinking.	0	1	2	3
30. She has been suspended/fired from or left a job or school because of her drinking.	0	1	2	3
31. She has lost a friend because of her drinking.	0	1	2	3

Please continue on the next page.

Has this happened to her *DURING THE PAST 3 MONTHS?*

Circle one answer for each item.

No Almost Yes, Once Yes, more than once

32. She has had an accident while drinking or intoxicated.	0	1	2	3
33. While drinking or intoxicated, she has been physically hurt, injured, or burned.	0	1	2	3
34. While drinking or intoxicated, she has injured someone else.	0	1	2	3
35. She has broken things or damaged property while drinking or intoxicated.	0	1	2	3

Drinker Inventory of Consequences (DrInC-2R-SOm)

FOR OFFICE USE ONLY

_____ Study

_____ ID

_____ Point

_____ Date

_____ RAId

INSTRUCTIONS: Here are a number of events that drinkers sometimes experience. Read each one carefully and circle the number that indicates, to the best of your knowledge, how often this has happened *DURING THE PAST 3 MONTHS* to the person about whom you are concerned (0 = Never, 1 = Once or a few times, etc.). If an item does not apply or you do not know, circle zero (0).

DURING THE PAST 3 MONTHS, about how often has this happened to him?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. He has had a hangover or felt bad after drinking.	0	1	2	3
2. He has missed days of work or school because of his drinking.	0	1	2	3
3. His family or friends have worried or complained about his drinking.	0	1	2	3
4. The quality of his work has suffered because of his drinking.	0	1	2	3
5. His ability to be a good parent has been harmed by his drinking.	0	1	2	3
6. He has driven a motor vehicle after having three or more drinks.	0	1	2	3
7. He has been sick and vomited after drinking.	0	1	2	3
8. Because of his drinking, he has not eaten properly.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, about how often has this happened to him?

Circle one answer for each item.

	Never	Once or a few times	Once or twice a week	Daily or almost daily
9. He has failed to do what is expected of him because of his drinking.	0	1	2	3
10. While drinking he has said or done embarrassing things.	0	1	2	3
11. When drinking, his personality has changed for the worse.	0	1	2	3
12. He has taken foolish risks when drinking.	0	1	2	3
13. He has gotten into trouble because of his drinking.	0	1	2	3
14. When drinking, he has said harsh or cruel things to someone.	0	1	2	3
15. When drinking, he has done impulsive things that he regretted later.	0	1	2	3
16. He has gotten into a physical fight while drinking.	0	1	2	3

Please continue on the next page.

Now answer these questions about things that may have happened to him.

DURING THE PAST 3 MONTHS, how much has this happened?				
Circle one answer for each item.	Not at all	A little	Some- what	Very much
17. His physical health has been harmed by his drinking.	0	1	2	3
18. He has had money problems because of his drinking.	0	1	2	3
19. His marriage or love relationship has been harmed by his drinking.	0	1	2	3
20. His physical appearance has been harmed by his drinking.	0	1	2	3
21. His family has been hurt by his drinking.	0	1	2	3
22. A friendship or close relationship of his has been damaged by his drinking.	0	1	2	3
23. He has been overweight because of his drinking.	0	1	2	3
24. He has lost interest in activities and hobbies because of his drinking.	0	1	2	3
25. His drinking has damaged his social life, popularity, or reputation.	0	1	2	3
26. He has spent too much or lost a lot of money because of his drinking.	0	1	2	3

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this happened to him DURING THE PAST 3 MONTHS?				
Circle one answer for each item.	No	Almost	Yes, Once	Yes, more than once
27. He has been arrested for driving under the influence of alcohol.	0	1	2	3
28. He has had trouble with the law (other than driving while intoxicated) because of his drinking.	0	1	2	3
29. He has lost a marriage or a close love relationship because of his drinking.	0	1	2	3
30. He has been suspended/fired from or left a job or school because of his drinking.	0	1	2	3
31. He has lost a friend because of his drinking.	0	1	2	3
32. He has had an accident while drinking or intoxicated.	0	1	2	3
33. While drinking or intoxicated, he has been physically hurt, injured, or burned.	0	1	2	3
34. While drinking or intoxicated, he has injured someone else.	0	1	2	3
35. He has broken things or damaged property while drinking or intoxicated.	0	1	2	3

DrInC-SO Scoring Sheet

For all 35-item collateral (SO) versions of the DrInC

Physical	Inter- personal	Intra- personal	Impulse Control	Social Responsibility	
1_____				2_____	
	3_____			4_____	
	5_____		6_____		
7_____					
8_____				9_____	
	10_____	11_____	12_____	13_____	
	14_____		15_____		
			16_____		
17_____				18_____	
	19_____				
20_____	21_____				
	22_____		23_____		
		24_____			
	25_____			26_____	
			27_____		
			28_____		
	29_____			30_____	
	31_____		32_____		
33_____			34_____		
			35_____		
_____ +	_____ +	_____ +	_____ +	_____ -	_____
Physical	Inter- personal	Intra- personal	Impulse Control	Social Responsibil.	Total DrInC Score

INSTRUCTIONS: For each item, copy the circled number from the answer sheet next to the item number above. Then sum each column to calculate scale totals. Sum these totals to calculate the total DrInC score.

Inventory of Drug Use Consequences (InDUC-2L)

FOR OFFICE USE ONLY

_____ Study

_____ ID

_____ Point

_____ Date

_____ RAId

INSTRUCTIONS: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Read each one carefully and circle the number that indicates whether this has *EVER* happened to you (0 = No, 1 = Yes). If an item does not apply to you, circle zero (0).

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
1. I have had a hangover or felt bad after drinking or using drugs.	0	1
2. I have felt bad about myself because of my drinking or drug use.	0	1
3. I have missed days of work or school because of my drinking or drug use.	0	1
4. My family or friends have worried or complained about my drinking or drug use.	0	1
5. I have enjoyed drinking or using drugs.	0	1
6. The quality of my work has suffered because of my drinking or drug use.	0	1
7. My ability to be a good parent has been harmed by my drinking or drug use.	0	1
8. After drinking or using drugs, I have had trouble with sleeping, staying asleep, or nightmares.	0	1
9. I have driven a motor vehicle while under the influence of alcohol or other drugs.	0	1

Please continue on the next page.

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
10. Drinking or using one drug has caused me to use other drugs more.	0	1
11. I have been sick and vomited after drinking or using drugs.	0	1
12. I have been unhappy because of my drinking or drug use.	0	1
13. Because of my drinking or drug use, I have lost weight or not eaten properly.	0	1
14. I have failed to do what is expected of me because of my drinking or drug use.	0	1
15. Drinking or using drugs has helped me to relax.	0	1
16. I have felt guilty or ashamed because of my drinking or drug use.	0	1
17. While drinking or using drugs, I have said or done embarrassing things.	0	1
18. When drinking or using drugs, my personality has changed for the worse.	0	1
19. I have taken foolish risks when I have been drinking or using drugs.	0	1
20. I have gotten into trouble because of drinking or drug use.	0	1
21. While drinking or using drugs, I have said harsh or cruel things to someone.	0	1
22. When drinking or using drugs, I have done impulsive things that I regretted later.	0	1
23. I have gotten into a physical fight while drinking or using drugs.	0	1
24. My physical health has been harmed by my drinking or drug use.	0	1

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
25. Drinking or using drugs has helped me to have a more positive outlook on life.	0	1
26. I have had money problems because of my drinking or drug use.	0	1
27. My marriage or love relationship has been harmed by my drinking or drug use.	0	1
28. I have smoked tobacco more when I am drinking or using drugs.	0	1
29. My physical appearance has been harmed by my drinking or drug use.	0	1
30. My family has been hurt by my drinking or drug use.	0	1
31. A friendship or close relationship has been damaged by my drinking or drug use.	0	1
32. I have spent time in jail or prison because of my drinking or drug use.	0	1
33. My sex life has suffered because of my drinking or drug use.	0	1
34. I have lost interest in activities and hobbies because of my drinking or drug use.	0	1
35. When drinking or using drugs, my social life has been more enjoyable.	0	1
36. My spiritual or moral life has been harmed by my drinking or drug use.	0	1
37. Because of my drinking or drug use, I have not had the kind of life that I want.	0	1
38. My drinking or drug use has gotten in the way of my growth as a person.	0	1
39. My drinking or drug use has damaged my social life, popularity, or reputation.	0	1

Please continue on the next page.

Has this <i>EVER</i> happened to you? Circle one answer for each item.	No	Yes
40. I have spent too much or lost a lot of money because of my drinking or drug use.	0	1
41. I have been arrested for driving under the influence of alcohol or other drugs.	0	1
42. I have been arrested for other offenses (besides driving under the influence) related to my drinking or other drug use.	0	1
43. I have lost a marriage or a close love relationship because of my drinking or drug use.	0	1
44. I have been suspended/fired from or left a job or school because of my drinking or drug use.	0	1
45. I have used drugs moderately, without having problems.	0	1
46. I have lost a friend because of my drinking or drug use.	0	1
47. I have had an accident while using or under the influence of alcohol or drugs.	0	1
48. While using or under the influence of alcohol or drugs, I have been physically hurt, injured, or burned.	0	1
49. While using or under the influence of alcohol or drugs, I have injured someone.	0	1
50. I have broken things or damaged property while using or under the influence of alcohol or drugs.	0	1

Inventory of Drug Use Consequences (InDUC-2R)

FOR OFFICE USE ONLY

Study
_____ ID
_____ Point
_____ Date
_____ RAid

INSTRUCTIONS: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Read each one carefully and indicate how often each one has happened to you *DURING THE PAST 3 MONTHS* by circling the appropriate number (0 = Never, 1 = Once or a few times, etc.). If an item does not apply to you, circle zero (0).

DURING THE PAST 3 MONTHS, about how often has this happened to you?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. I have had a hangover or felt bad after drinking or using drugs.	0	1	2	3
2. I have felt bad about myself because of my drinking or drug use.	0	1	2	3
3. I have missed days of work or school because of my drinking or drug use.	0	1	2	3
4. My family or friends have worried or complained about my drinking or drug use.	0	1	2	3
5. I have enjoyed drinking or using drugs.	0	1	2	3
6. The quality of my work has suffered because of my drinking or drug use.	0	1	2	3
7. My ability to be a good parent has been harmed by my drinking or drug use.	0	1	2	3
8. After drinking or using drugs, I have had trouble with sleeping, staying asleep, or nightmares.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, about how often has this happened to you?				
Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
9. I have driven a motor vehicle while under the influence of alcohol or other drugs.	0	1	2	3
10. Drinking or using one drug has caused me to use other drugs more.	0	1	2	3
11. I have been sick and vomited after drinking or using drugs.	0	1	2	3
12. I have been unhappy because of my drinking or drug use.	0	1	2	3
13. Because of my drinking or drug use, I have lost weight or not eaten properly.	0	1	2	3
14. I have failed to do what is expected of me because of my drinking or drug use.	0	1	2	3
15. Drinking or using drugs has helped me to relax.	0	1	2	3
16. I have felt guilty or ashamed because of my drinking or drug use.	0	1	2	3
17. While drinking or using drugs, I have said or done embarrassing things.	0	1	2	3
18. When drinking or using drugs, my personality has changed for the worse.	0	1	2	3
19. I have taken foolish risks when I have been drinking or using drugs.	0	1	2	3
20. I have gotten into trouble because of drinking or drug use.	0	1	2	3
21. While drinking or using drugs, I have said harsh or cruel things to someone.	0	1	2	3
22. When drinking or using drugs, I have done impulsive things that I regretted later.	0	1	2	3
23. I have gotten into a physical fight while drinking or using drugs.	0	1	2	3

Please continue on the next page.

Now answer these questions about things that may have happened to you.

DURING THE PAST 3 MONTHS, how much has this happened?				
Circle one answer for each item.	Not at all	A little	Some- what	Very much
24. My physical health has been harmed by my drinking or drug uses.	0	1	2	3
25. Drinking or using drugs has helped me to have a more positive outlook on life.	0	1	2	3
26. I have had money problems because of my drinking or drug use.	0	1	2	3
27. My marriage or love relationship has been harmed by my drinking or drug use.	0	1	2	3
28. I have smoked tobacco more when I am drinking or using drugs.	0	1	2	3
29. My physical appearance has been harmed by my drinking or drug use.	0	1	2	3
30. My family has been hurt by my drinking or drug use.	0	1	2	3
31. A friendship or close relationship has been damaged by my drinking or drug use.	0	1	2	3
32. I have spent time in jail or prison because of my drinking or drug use.	0	1	2	3
33. My sex life has suffered because of my drinking or drug use.	0	1	2	3
34. I have lost interest in activities and hobbies because of my drinking or drug use.	0	1	2	3
35. When drinking or using drugs, my social life has been more enjoyable.	0	1	2	3
36. My spiritual or moral life has been harmed by my drinking or drug use.	0	1	2	3
37. Because of my drinking or drug use, I have not had the kind of life that I want.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, how much has this happened?**Circle one answer for each item.****Not at all****A little****Some-
what****Very
much**

38. My drinking or drug use has gotten in the way of my growth as a person.	0	1	2	3
39. My drinking or drug use has damaged my social life, popularity, or reputation.	0	1	2	3
40. I have spent too much or lost a lot of money because of my drinking or drug use.	0	1	2	3

Now please indicate whether these things have happened to you DURING THE PAST 3 MONTHS.

Has this happened to you DURING THE PAST 3 MONTHS?**Circle one answer for each item.****No****Almost****Yes,
Once****Yes, more
than once**

41. I have been arrested for driving under the influence of alcohol or other drugs.	0	1	2	3
42. I have been arrested for other offenses (besides driving under the influence) related to my drinking or other drug use.	0	1	2	3
43. I have lost a marriage or a close love relationship because of my drinking or drug use.	0	1	2	3
44. I have been suspended/fired from or left a job or school because of my drinking or drug use.	0	1	2	3
45. I have used drugs moderately, without having problems.	0	1	2	3
46. I have lost a friend because of my drinking or drug use.	0	1	2	3
47. I have had an accident while using or under the influence of alcohol or drugs.	0	1	2	3

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this happened to you *DURING THE PAST 3 MONTHS?*

Circle one answer for each item.

No

Almost

**Yes,
Once**

**Yes, more
than once**

48. While using or under the influence of alcohol or drugs, I have been physically hurt, injured, or burned.

0

1

2

3

49. While using or under the influence of alcohol or drugs, I have injured someone.

0

1

2

3

50. I have broken things or damaged property while using or under the influence of alcohol or drugs.

0

1

2

3

InDUC Scoring Sheet

Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility	Control Scale*	
1_____		2_____		3_____		
	4_____			6_____	5_____	
	7_____					
8_____			9_____			
			10_____			
11_____		12_____				
13_____				14_____	15_____	
		16_____				
	17_____	18_____	19_____	20_____		
	21_____		22_____			
			23_____			
24_____					25_____	
				26_____		
	27_____		28_____			
29_____	30_____					
	31_____		32_____			
33_____		34_____			35_____	
		36_____				
		37_____				
		38_____				
	39_____			40_____		
			41_____			
			42_____			
	43_____			44_____	45_____	
	46_____		47_____			
48_____			49_____			
			50_____			
_____ +	_____ +	_____ +	_____ +	_____ -	_____ =	_____ =
Physical	Inter-personal	Intra-personal	Impulse Control	Social Responsibility	Total InDUC Score	Control Scale*

INSTRUCTIONS: For each item, copy the circled number from the answer sheet next to the item number above. Then sum each column to calculate scale totals. Sum these totals to calculate the Total InDUC Score.

* The Control Scale score is separate and does not contribute to the Total InDUC Score. Zero scores on Control Scale items may indicate careless or dishonest responding. On version 2R (Recent Consequences), totals of 5 or less are suspect.

Inventory of Drug Use Consequences (InDUC-2L-Sof)

FOR OFFICE USE ONLY

_____ Study

_____ ID

_____ Point

_____ Date

_____ RAid

INSTRUCTIONS: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Read each one carefully and circle the number that indicates whether, to the best of your knowledge, this has *EVER* happened to the person about whom you are concerned (0 = No, 1 = Yes). If an item does not apply, circle zero (0).

Has this <i>EVER</i> happened to her? Circle one answer for each item.	No	Yes
1. She has had a hangover or felt bad after drinking or using drugs.	0	1
2. She has missed days of work or school because of her drinking or drug use.	0	1
3. Her family or friends have worried or complained about her drinking or drug use.	0	1
4. The quality of her work has suffered because of her drinking or drug use.	0	1
5. Her ability to be a good parent has been harmed by her drinking or drug use.	0	1
6. She has driven a motor vehicle while under the influence of alcohol or other drugs.	0	1
7. She has been sick and vomited after drinking or using drugs.	0	1
8. Because of her drinking or drug use, she has not eaten properly.	0	1

Please continue on the next page.

Has this <i>EVER</i> happened to her? Circle one answer for each item.	No	Yes
9. She has failed to do what is expected of her because of her drinking or drug use.	0	1
10. While drinking or using drugs, she has said or done embarrassing things.	0	1
11. When drinking or using drugs, her personality has changed for the worse.	0	1
12. She has taken foolish risks when drinking or using drugs.	0	1
13. She has gotten into trouble because of her drinking or drug use.	0	1
14. When drinking or using drugs, she has said harsh or cruel things to someone.	0	1
15. When drinking or using drugs, she has done impulsive things that she regretted later.	0	1
16. She has gotten into a physical fight while drinking or using drugs.	0	1
17. Her physical health has been harmed by her drinking or drug use.	0	1
18. She has had money problems because of her drinking or drug use.	0	1
19. Her marriage or love relationship has been harmed by her drinking or drug use.	0	1
20. Her physical appearance has been harmed by her drinking or drug use.	0	1
21. Her family has been hurt by her drinking or drug use.	0	1
22. A friendship or close relationship of hers has been damaged by her drinking or drug use.	0	1
23. She has spent time in jail or prison because of her drinking or drug use.	0	1

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this <i>EVER</i> happened to her? Circle one answer for each item.	No	Yes
24. She has lost interest in activities and hobbies because of her drinking or drug use.	0	1
25. Her drinking or drug use has damaged her social life, popularity, or reputation.	0	1
26. She has spent too much or lost a lot of money because of her drinking or drug use.	0	1
27. She has been arrested for driving under the influence of alcohol or other drugs.	0	1
28. She has had trouble with the law (other than driving while impaired) because of her drinking or drug use.	0	1
29. She has lost a marriage or a close love relationship because of her drinking or drug use.	0	1
30. She has been suspended/fired from or left a job or school because of her drinking or drug use.	0	1
31. She has lost a friend because of her drinking or drug use.	0	1
32. She has had an accident while using or under the influence of alcohol or drugs.	0	1
33. While using or under the influence of alcohol or drugs, she has been physically hurt, injured, or burned.	0	1
34. While using or under the influence of alcohol or drugs, she has injured someone else.	0	1
35. She has broken things or damaged property while using or under the influence of alcohol or drugs.	0	1

Inventory of Drug Use Consequences (InDUC-2L-SOm)

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INSTRUCTIONS: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Read each one carefully and circle the number that indicates whether, to the best of your knowledge, this has *EVER* happened to the person about whom you are concerned (0 = No, 1 = Yes). If an item does not apply, circle zero (0).

Has this <i>EVER</i> happened to him? Circle one answer for each item.	No	Yes
1. He has had a hangover or felt bad after drinking or using drugs.	0	1
2. He has missed days of work or school because of his drinking or drug use.	0	1
3. His family or friends have worried or complained about his drinking or drug use.	0	1
4. The quality of his work has suffered because of his drinking or drug use.	0	1
5. His ability to be a good parent has been harmed by his drinking or drug use.	0	1
6. He has driven a motor vehicle while under the influence of alcohol or other drugs.	0	1
7. He has been sick and vomited after drinking or using drugs.	0	1
8. Because of his drinking or drug use, he has not eaten properly.	0	1

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

Has this <i>EVER</i> happened to him? Circle one answer for each item.	No	Yes
9. He has failed to do what is expected of him because of his drinking or drug use.	0	1
10. While drinking or using drugs, he has said or done embarrassing things.	0	1
11. When drinking or using drugs, his personality has changed for the worse.	0	1
12. He has taken foolish risks when drinking or using drugs.	0	1
13. He has gotten into trouble because of his drinking or drug use.	0	1
14. When drinking or using drugs, he has said harsh or cruel things to someone.	0	1
15. When drinking or using drugs, he has done impulsive things that he regretted later.	0	1
16. He has gotten into a physical fight while drinking or using drugs.	0	1
17. His physical health has been harmed by his drinking or drug use.	0	1
18. He has had money problems because of his drinking or drug use.	0	1
19. His marriage or love relationship has been harmed by his drinking or drug use.	0	1
20. His physical appearance has been harmed by his drinking or drug use.	0	1
21. His family has been hurt by his drinking or drug use.	0	1
22. A friendship or close relationship of his has been damaged by his drinking or drug use.	0	1
23. He has spent time in jail or prison because of his drinking or drug use.	0	1

Please continue on the next page.

Has this EVER happened to him? Circle one answer for each item.	No	Yes
24. He has lost interest in activities and hobbies because of his drinking or drug use.	0	1
25. His drinking or drug use has damaged his social life, popularity, or reputation.	0	1
26. He has spent too much or lost a lot of money because of his drinking or drug use.	0	1
27. He has been arrested for driving under the influence of alcohol or other drugs.	0	1
28. He has had trouble with the law (other than driving while impaired) because of his drinking or drug use.	0	1
29. He has lost a marriage or a close love relationship because of his drinking or drug use.	0	1
30. He has been suspended/fired from or left a job or school because of his drinking or drug use.	0	1
31. He has lost a friend because of his drinking or drug use.	0	1
32. He has had an accident while using or under the influence of alcohol or drugs.	0	1
33. While using or under the influence of alcohol or drugs, he has been physically hurt, injured, or burned.	0	1
34. While using or under the influence of alcohol or drugs, he has injured someone else.	0	1
35. He has broken things or damaged property while using or under the influence of alcohol or drugs.	0	1

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Inventory of Drug Use Consequences (InDUC-2R-Sof)

INSTRUCTIONS: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Read each one carefully and circle the number that indicates, to the best of your knowledge, how often this has happened *DURING THE PAST 3 MONTHS* to the person about whom you are concerned (0 = Never, 1 = Once or a few times, etc.). If an item does not apply or you do not know, circle zero (0).

During the Past 3 Months, ABOUT HOW OFTEN HAS THIS HAPPENED TO HER?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. She has had a hangover or felt bad after drinking or using drugs.	0	1	2	3
2. She has missed days of work or school because of her drinking or drug use.	0	1	2	3
3. Her family or friends have worried or complained about her drinking or drug use.	0	1	2	3
4. The quality of her work has suffered because of her drinking or drug use.	0	1	2	3
5. Her ability to be a good parent has been harmed by her drinking or drug use.	0	1	2	3
6. She has driven a motor vehicle while under the influence of alcohol or other drugs.	0	1	2	3
7. She has been sick and vomited after drinking or using drugs.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, about how often has this happened to her?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
8. Because of her drinking or drug use, she has not eaten properly.	0	1	2	3
9. She has failed to do what is expected of her because of her drinking or drug use.	0	1	2	3
10. While drinking or using drugs, she has said or done embarrassing things.	0	1	2	3
11. When drinking or using drugs, her personality has changed for the worse.	0	1	2	3
12. She has taken foolish risks when drinking or using drugs.	0	1	2	3
13. She has gotten into trouble because of her drinking or drug use.	0	1	2	3
14. When drinking or using drugs, she has said harsh or cruel things to someone.	0	1	2	3
15. When drinking or using drugs, she has done impulsive things that she regretted later.	0	1	2	3
16. She has gotten into a physical fight while drinking or using drugs.	0	1	2	3

Now answer these questions about things that may have happened to her.

DURING THE PAST 3 MONTHS, how much has this happened?

Circle one answer for each item.	Not at all	A little	Some-what	Very much
17. Her physical health has been harmed by her drinking or drug use.	0	1	2	3
18. She has had money problems because of her drinking or drug use.	0	1	2	3
19. Her marriage or love relationship has been harmed by her drinking or drug use.	0	1	2	3

Please continue on the next page.

The Drinker Inventory of Consequences (DrInC)

DURING THE PAST 3 MONTHS, how much has this happened?				
Circle one answer for each item.	Not at all	A little	Some- what	Very much
20. Her physical appearance has been harmed by her drinking or drug use.	0	1	2	3
21. Her family has been hurt by her drinking or drug use.	0	1	2	3
22. A friendship or close relationship of hers has been damaged by her drinking or drug use.	0	1	2	3
23. She has spent time in jail or prison because of her drinking or drug use.	0	1	2	3
24. She has lost interest in activities and hobbies because of her drinking or drug use.	0	1	2	3
25. Her drinking or drug use has damaged her social life, popularity, or reputation.	0	1	2	3
26. She has spent too much or lost a lot of money because of her drinking or drug use.	0	1	2	3
Has this happened to her DURING THE PAST 3 MONTHS?				
Circle one answer for each item.	No	Almost	Yes, Once	Yes, more than once
27. She has been arrested for driving under the influence of alcohol or other drugs.	0	1	2	3
28. She has had trouble with the law (other than driving while impaired) because of her drinking or drug use.	0	1	2	3
29. She has lost a marriage or a close love relationship because of her drinking or drug use.	0	1	2	3
30. She has been suspended/fired from or left a job or school because of her drinking or drug use.	0	1	2	3
31. She has lost a friend because of her drinking or drug use.	0	1	2	3
32. She has had an accident while using or under the influence of alcohol or drugs.	0	1	2	3

Please continue on the next page.

Has this happened to her *DURING THE PAST 3 MONTHS?*

Circle one answer for each item.

No Almost Yes, Once Yes, more than once

33. While using or under the influence of alcohol or drugs, she has been physically hurt, injured, or burned.	0	1	2	3
34. While using or under the influence of alcohol or drugs, she has injured someone else.	0	1	2	3
35. She has broken things or damaged property while using or under the influence of alcohol or drugs.	0	1	2	3

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Inventory of Drug Use Consequences (InDUC-2R-SOm)

INSTRUCTIONS: Here are a number of events that people sometimes experience in relation to their use of alcohol and other drugs. Read each one carefully and circle the number that indicates, to the best of your knowledge, how often this has happened *DURING THE PAST 3 MONTHS* to the person about whom you are concerned (0 = Never, 1 = Once or a few times, etc.). If an item does not apply or you do not know, circle zero (0).

DURING THE PAST 3 MONTHS, about how often has this happened to him?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
1. He has had a hangover or felt bad after drinking or using drugs.	0	1	2	3
2. He has missed days of work or school because of his drinking or drug use.	0	1	2	3
3. His family or friends have worried or complained about his drinking or drug use.	0	1	2	3
4. The quality of his work has suffered because of his drinking or drug use.	0	1	2	3
5. His ability to be a good parent has been harmed by his drinking or drug use.	0	1	2	3
6. He has driven a motor vehicle while under the influence of alcohol or other drugs.	0	1	2	3
7. He has been sick and vomited after drinking or using drugs.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, about how often has this happened to him?

Circle one answer for each item.	Never	Once or a few times	Once or twice a week	Daily or almost daily
8. Because of his drinking or drug use, he has not eaten properly.	0	1	2	3
9. He has failed to do what is expected of him because of his drinking or drug use.	0	1	2	3
10. While drinking or using drugs, he has said or done embarrassing things.	0	1	2	3
11. When drinking or using drugs, his personality has changed for the worse.	0	1	2	3
12. He has taken foolish risks when drinking or using drugs.	0	1	2	3
13. He has gotten into trouble because of his drinking or drug use.	0	1	2	3
14. When drinking or using drugs, he has said harsh or cruel things to someone.	0	1	2	3
15. When drinking or using drugs, he has done impulsive things that he regretted later.	0	1	2	3
16. He has gotten into a physical fight while drinking or using drugs.	0	1	2	3

Now answer these questions about things that may have happened to him.

DURING THE PAST 3 MONTHS, how much has this happened to him?

Circle one answer for each item.	Not at all	A little	Some-what	Very much
17. His physical health has been harmed by his drinking or drug use.	0	1	2	3
18. He has had money problems because of his drinking or drug use.	0	1	2	3
19. His marriage or love relationship has been harmed by his drinking or drug use.	0	1	2	3

Please continue on the next page.

DURING THE PAST 3 MONTHS, how much has this happened to him?

Circle one answer for each item.	Not at all	A little	Some- what	Very much
20. His physical appearance has been harmed by his drinking or drug use.	0	1	2	3
21. His family has been hurt by his drinking or drug use.	0	1	2	3
22. A friendship or close relationship of his has been damaged by his drinking or drug use.	0	1	2	3
23. He has spent time in jail or prison because of his drinking or drug use.	0	1	2	3
24. He has lost interest in activities and hobbies because of his drinking or drug use.	0	1	2	3
25. His drinking or drug use has damaged his social life, popularity, or reputation.	0	1	2	3
26. He has spent too much or lost a lot of money because of his drinking or drug use.	0	1	2	3

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Has this happened to him DURING THE PAST 3 MONTHS?				
Circle one answer for each item.	No	Almost	Yes, Once	Yes, more than once
27. He has been arrested for driving under the influence of alcohol or other drugs.	0	1	2	3
28. He has had trouble with the law (other than driving while impaired) because of his drinking or drug use.	0	1	2	3
29. He has lost a marriage or a close love relationship because of his drinking or drug use.	0	1	2	3
30. He has been suspended/fired from or left a job or school because of his drinking or drug use.	0	1	2	3
31. He has lost a friend because of his drinking or drug use.	0	1	2	3
32. He has had an accident while using or under the influence of alcohol or drugs.	0	1	2	3
33. While using or under the influence of alcohol or drugs, he has been physically hurt, injured, or burned.	0	1	2	3
34. While using or under the influence of alcohol or drugs, he has injured someone else.	0	1	2	3
35. He has broken things or damaged property while using or under the influence of alcohol or drugs.	0	1	2	3