SPNS Program Cooperative Agreement Evaluation Module 24: Brief Substance Abuse History Form National Evaluation by The Measurement Group

ID Letters	ID Numbers			Site Sub-Prov		Sub-Provider	Date		
							Month	/ Day	/ Year
Staff Code	Client Gender O Male O Female					,			
	1. Ever Used? (fill in one for each drug)	2. Age at First Use?	3. Ever Inje (fill in one drug)		Mon	sed in the Last 6 ths? n one for each)	5. Days Used in Last 30 Days?	6. Days Injected in Last 30 Days?	7. Times Injected in Last 30 Days?
A. Alcohol	No Yes DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s O DK/R	○ No	O 🔾 Yes 🔾 DK/R			
B. Marijuana, hashish (weed, grass, reefer)	No ○ Yes ○ DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s O DK/R	○ No	O \to Yes \to DK/R			
C. Crack (smokable cocaine)	No Yes DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s O DK/R	○ No	O \to Yes \to DK/R			
D. Cocaine by itself (other than crack) that you injected or snorted	○ No ○ Yes ○ DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s () DK/R	○ No	O 🔾 Yes 🔾 DK/R			
E. Heroin by itself	No Yes DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s O DK/R	○ No	O \to Yes \to DK/R			
F. Heroin & Cocaine mixed together (e.g., speedball)	○ No ○ Yes ○ DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s O DK/R	○ No	O ○ Yes ○ DK/R			
G. Amphetamines (e.g., speed, uppers, bennies)	○ No ○ Yes ○ DK/R If "no" or "DK/R," go to the next row.		○ No ○ Yes	s O DK/R	○ No	O 🔾 Yes 🔾 DK/R			
H. Other Drugs (Drug used most recently. Specify only one drug.) Specify:	If "no" or "DK/R," go to the next row.		○ No ○ Yes	os ○ DK/R	○ No	O ○ Yes ○ DK/R			
How old were you when you first injected any drug? 77=DK/Refused years									