Adolescent Drug Involvement Scale: ADIS

THESE QUESTIONS REFER TO YOUR USE OF DRUGS OTHER THAN ALCOHOL. PLEASE CIRCLE THE LETTERS OF THE ANSWERS WHICH BEST DESCRIBE YOUR USE OF THE DRUG (S) YOU USE MOST. EVEN IF NONE OF THE ANSWERS SEEMS EXACTLY RIGHT, PLEASE PICK THE ONES THAT COME CLOSEST TO BEING TRUE. IF A QUESTION DOESN'T APPLY TO YOU, LEAVE IT BLANK.

1. How Often do you use drugs?
   (0) a. never
   (2) b. once or twice a year
   (3) c. once or twice a month
   (4) d. every weekend
   (5) e. several times a week
   (6) f. every day
   (7) g. several times a day

2. When did you last use drugs?
   (0) a. never used drugs
   (2) b. not for over a year
   (3) c. between 6 months and 1 year ago
   (4) d. several weeks ago
   (5) e. last week
   (6) f. yesterday
   (7) g. today

3. I usually start to use drugs because:
   (CIRCLE ALL THAT ARE TRUE OF YOU)
   (1) a. I like the feeling
   (2) b. to be like my friends
   (3) c. to feel like an adult
   (4) d. I feel nervous, tense, full of worries or problems
   (5) e. I feel sad, lonely, sorry for myself

4. How do you get your drugs?
   (CIRCLE ALL THAT YOU DO)
   (1) a. use at parties
   (2) b. get from friends
   (3) c. get from parents
   (4) d. buy my own
   (5) e. other (please explain) ___________________________

5. When did you first use drugs?
   (0) a. never
   (1) b. recently
   (2) c. after age 15
   (3) d. at ages 14 or 15
   (4) e. between ages 10-13
   (5) f. before age 10

6. What time of day do you use drugs?
   (CIRCLE ALL THAT APPLY TO YOU)
8. Who do you use drugs with?

(CIRCLE ALL THAT ARE TRUE OF YOU)

(1) a. parents or relatives
(2) b. with brothers or sisters
(3) c. with friends own age
(4) d. with older friends
(5) e. alone

9. What effects have you had from drugs?

(CIRCLE ALL THAT APPLY TO YOU)

(1) a. got high
(2) b. got wasted
(3) c. became ill
(4) d. passed out
(5) e. overdosed
(6) f. freaked out
(7) g. used a lot and next day didn't remember

10. What effect has using drugs had on your life?

(CIRCLE ALL THAT APPLY)

(0) a. none
(2) b. has interfered with talking to someone
(3) c. has prevented me from having a good time
(4) d. has interfered with my school work
(5) e. have lost friends because of drug use
(6) f. has gotten me into trouble at home
(7) g. was in a fight or destroyed property
(8) h. has resulted in an accident, an injury, arrest, or being punished at school for using drugs

11. How do you feel about your use of drugs?

(CIRCLE ALL THAT APPLY)

(0) a. no problem at all
(0) b. I can control it and set limits on myself
(3) c. I can control myself, but my friends easily influence me
(4) d. I often feel bad about my drug use
(5) e. I need help to control myself
(6) f. I have had professional help to control my drug use.

12. How do others see you in relation to your drug use?

(CIRCLE ALL THAT APPLY TO YOU)

(0) a. can't say or no problem with drug use
(2) b. when I use drugs I tend to neglect my family or friends
(3) c. my family or friends advise me to control or cut down on my drug use
(4) d. my family or friends tell me to get help for my drug use
(5) c. my family or friends have already gone for help for my drug use
13. FOR EACH DRUG LISTED BELOW, CIRCLE THE ONE CATEGORY WHICH BEST FITS YOU

<table>
<thead>
<tr>
<th>Drug</th>
<th>Never Tried</th>
<th>Several Times a Year</th>
<th>Several Times a Month</th>
<th>Week-Ends Only</th>
<th>Several Times a Week</th>
<th>Several Times a Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Marijuana or Hashish</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>LSD, Psilocybin, Peyote, other hallucinogens (ACID)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Amphetamines (speed, crank, Whites, Black Cadillacs)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Cocaine (Coke, crack Snow)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Barbiturates, (Quaaludes, Sopers, downers, reds)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>PCP (angel dust)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Heroin (smack, horse)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Other Opiates (opium, morphine, etc.)</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Valium, other tranquilizers</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>

**Scoring of ADIS:**

Only items 1–12 are scored. The weights assigned are basically the same as those used on the AAIs. For each item 1–12, add the highest weight circled. If more than one answer is circled, use the highest. (Do not put the weights indicated in square brackets above on the actual questionnaires.) The higher the total score, the more serious the level of drug involvement.

For the use scales (item 13), an index of multiple drug use can be created by simply adding the weights (1–8) for each drug. Again, a higher index score indicates more extensive drug involvement, for research purposes.