

{Module Name} Module  
**Brief Substance Craving Scale**

Agency Name: \_\_\_\_\_

Site Name: \_\_\_\_\_

ID #: \_\_\_\_\_

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

**STAFF USE ONLY**

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

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 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  
Moderate  2  
Considerable  3  
Extreme  4

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. \_\_\_\_\_

ID #: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**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. \_\_\_\_\_

Reference: Somoza, E., Dyrenforth, S., Goldsmith, J., Mezinskis, J., & Cohen, M., 1995. In search of a universal drug craving scale. Paper presented at the Annual Meeting of the American Psychiatric Association, Miami Florida.