Adolescent Tool - John Lisy

1. Taking the substance in larger amounts or for longer than the you meant to
   a. Using more than planned:
      1. Have not experienced using more than planned.
      2. Have experienced using more than planned.
      3. Have had 2-5 of the above experiences in last year.
      4. Have had 6-10 of the above experiences in last year.
      5. Have had over 10 of the above experiences in last year.
   b. Using a longer period of time than intended:
      1. Have not experienced using for a longer period of time than intended.
      2. Have experienced using for a longer period of time than intended.
      3. Have had 2-5 of the above experiences in last year.
      4. Have had 6-10 of the above experiences in last year.
      5. Have had over 10 of the above experiences in last year.
   c. Staying high/intoxicated:
      1. Have had no prolonged highs or intoxications.
      2. Have stayed high or intoxicated from 6 hours to a whole day.
      3. Have stayed high or intoxicated for over one whole day.
      4. Have stayed high or intoxicated for 2-5 whole days or more.

2. Wanting to cut down or stop using the substance but not managing to
   a. Worry or guilt about use:
      1. Have not questioned or felt guilty about use.
      2. Have questioned or felt guilty about use.
      3. As a result of the above, have had the desire to cut down or control the use.
      4. Have the desire to cut down or control use monthly.
      5. Have the desire to cut down or control use weekly.
   b. Attempts to regulate use:
      1. Have never attempted to regulate use.
      2. Have attempted to regulate use 2-10 times.
      3. Have attempted to regulate use monthly.
      4. Have attempted to regulate use weekly.
      5. Have attempted to regulate use daily.
   c. Attempts to quit use:
      1. Have never attempted to quit using.
      2. Have attempted to quit once.
      3. Have attempted to quit 2-5 times.
      4. Have attempted to quit 6-10 times.
      5. Have attempted to quit over 10 times.
3. Spending a lot of time getting, using, or recovering from use of the substance

a. Dealing:
   1. Have not engaged in selling or trading joints, pills, cocaine, or alcohol.
   2. Have engaged in selling or trading joints, pills, cocaine, or alcohol to friends.
   3. Have done the above 2-5 times/bein to sell to others.
   4. Deal on a monthly basis to get money for chemicals.
   5. Deal on a weekly basis to get money for chemicals.

b. Money:
   1. Do not spend money on drugs or alcohol.
   2. Have spent money on drugs or alcohol.
   3. Have borrowed money to buy drugs or alcohol.
   4. Most of my money goes for drugs or alcohol.
   5. Have done illegal things to obtain my chemicals, or money for chemicals (stealing, burglaries, or go to bed with people to get high or drunk).

c. Hidden Supply:
   1. Have never hidden bottles or supply from anyone.
   2. Have saved a joint, pill, coke or alcohol for self when partying with friends.
   3. Hides bottles or supply from parents.
   4. Have kept a supply that no one, including friends, knows about.
   5. Regularly keeps a supply that no one, including friends knows about.

d. Begins occasional use on weeknights:
   1. Have used 0-11 times per year on weeknights.
   2. Use 12-24 times per year on weeknights.
   3. Use more than 1 time per week on weeknights.
   4. Use more than 2 times per week on weeknights.
   5. Use more than 3 times per week on weeknights.

e. I get drunk/stoned:
   1. 0-6 Times per year (1 time every 1 month).
   2. 7-12 Times per year (1 time per month).
   3. 13-24 Times per year (1-2 times every month; or 1 time every 3 weeks).
   4. 25-52 Times per year (1 time every 2 weeks).
   5. Over 52 Times per year (1 time per week).

f. I have gotten sick (physically ill and/or thrown up) from use:
   1. Have never gotten sick from using in the last year.
   2. Have gotten sick once from using in the last year.
   3. Have gotten sick 2-5 times from using in the last year.
   4. Have gotten sick 6-10 times from using in the last year.
   5. Have gotten sick over 10 times from using in the last year.
g. Hangovers/lethargy, low energy level:

1. Have not experienced hangovers or low energy level.
2. Have experienced hangovers or low energy level one time per year.
3. Have experienced hangovers or low energy level 2-5 times per year.
4. Have experienced hangovers or low energy level 6-10 times per year.
5. Have experienced hangovers or low energy level over 11 times per year.

4. Cravings and urges to use the substance

   a. Preoccupation with chemical of choice:

1. Do not think about chemicals when away from them.
2. Look forward to and plan weekend use.
3. Have established contacts to purchase or develop a routine around use of chemicals.
4. Plan social events that revolve around use (i.e., go to parties where you know alcohol will be available).
5. Thoughts and actions center around chemical use.

5. Not managing to do what you should at work, home or school, because of substance use

   a. Late for, or missing days of school:

1. Have missed no time from school because of chemical use.
2. Have been late 1-4 days or skipped a whole day of school because of use in the last year.
3. Have been late 5-10 days or skipped 2 days of school to get high in the last year.
4. Have been late over 20 days or skipped over 5 days of school because of use in the last year.

b. School Consequences:

1. Have had no consequences at school due to chemical use.
2. Have received detentions because of behavior related to/for chemical use.
3. Have received a suspension because of behavior related to/for chemical use.
4. Have received multiple suspensions because of behavior related to/for chemical use.
5. Have been expelled because of behavior related to/for chemical use.

c. School grades dropped:

1. Have experienced no drop in grades due to chemical use.
2. Experienced some grades dropping.
3. Grades on the whole have dropped a whole grade level.
4. Have failed a class due to chemical use.
5. Have failed a grade level due to use.

d. Use before or during school:

1. Have never used before or during school.
2. Have used 1-3 times in the last 6 months before or during school.
3. Have used 4-5 times in the last 6 months before or during school.
4. Have used 6-10 times in the last 6 months before or during school.
5. Used on the average of 1 or more times per week during the school year.
e. Jobs:
1. Have lost no jobs related to drinking/other drug use.
2. Have lost or quit under pressure, 1 job.
3. Have lost or quit under pressure, 2 jobs.
4. Have lost or quit under pressure, 3 jobs.
5. Have lost or quit under pressure, 4 jobs or more.

6. Continuing to use, even when it causes problems in relationships

a. Family and Friends:
1. No change in interaction with family and friends.
2. Increase in verbal arguments with either family or friends.
3. Consistent verbal arguments with family and friends.
4. Have had a physical confrontation with family and friends that is connected to use.
5. Have had a number of physical confrontations with family and friends connected to use.

b. Avoidance of Family
1. No change in the interaction with the family.
2. Spends one less day with family than did before use began.
3. Spends 2-3 less days with family than did before use began.
4. Spends 4-5 less days with family than did before use began.
5. Spends 5 or more less days with family than did before use began.

7. Giving up important social, occupational or recreational activities because of substance use

a. Solitary Use:
1. Have never used alone.
2. Have used alone.
3. Have gotten stoned or drunk alone.
4. Have gotten stoned or drunk alone 2-7 times.
5. Have gotten stoned or drunk alone 8 or more times.

b. Unable to stop when friends:
1. Use less than my long-time friends with whom I grew up.
2. Use the same or more than my long-time friends with whom I grew up.
3. My new friends use more than my long-time friends with whom I grew up.
4. I no longer associate with friends who have expressed concern about my chemical use.

c. Have given up hobbies, social or recreational activities because of substance use:
1. Continue to fully participate in hobbies, social or recreational activities.
2. Have begun to pull back from hobbies, social or recreational activities.
3. Have pulled back from hobbies, social or recreational activities.
4. Have cut out most hobbies, social or recreational activities.
5. Stopped all hobbies, social or recreational activities.
8. Using substances again and again, even when it puts the you in danger

a. Participates in hazardous or life threatening activities when using (i.e., driving a car when intoxicated or operating machinery when impaired):

1. Have had none of the above experiences.
2. Have had experiences that were hazardous or life threatening when intoxicated.
3. Have had the above experiences 2-5 times.
4. Have had the above experiences 6-10 times.
5. Have had the above experiences 11 or more times.

b. Trouble with Law (DWI, disorderly conduct, possession, curfew, theft, etc.):

1. Have never been stopped or charged.
2. Have been stopped 1-2 times or charged one time.
3. Have been stopped 2-4 times or charged 2 times.
4. Have been stopped over 4 times or charged 3 times.
5. Have been incarcerated because of legal problems.

9. Continuing to use, even when the you know you have a physical or psychological problem that could have been caused or made worse by the substance

a. Blackouts (Alcohol):

1. Have never experienced a blackout.
2. Experienced one blackout.
3. Experienced 2-5 blackouts.
4. Experienced 6-10 blackouts.
5. Experienced over 10 blackouts.

b. Memory loss/difficulty with short-term memory (Marijuana):

1. Have not experienced memory or concentration problems.
2. Experience occasional memory or concentration problems.
3. Occasionally experience memory and concentration problems that interferes with work.
4. Often experience memory and concentration problems that interferes with work.
5. It is very difficult to concentrate on anything.

c. Hospitalized or treated in emergency room for overdose or suicide attempt.

1. Never O.D. or hurt myself.
2. Engages in self-hurting behavior.
3. Attempts suicide or overdose.
4. Treated in an emergency ward for overdose or suicide attempt.
5. Admitted to a hospital for overdose or suicide attempt.
10. Needing more of the substance to get the effect you want (tolerance)

a. When first began use:

1. Drank 0-2 beers or smoked 0-1 joints or rocks per use to get high/drunk.
2. Drank 3-6 beers or smoked 1-2 joints or rocks per use to get high/drunk.
3. Drank 7-12 beers or smoked 3-4 joints or rocks per use to get high/drunk.
4. Drank 13-18 beers or smoked 5-6 joints or rocks per use to get high/drunk.
5. Drank over 18 beers or smoked 6 joints or rocks per use to get high/drunk.

b. Now takes:

1. 0-2 Drinks of beer or smokes 0-1 joints or rocks per use to get high/drunk.
2. 3-6 Drinks of beer or smokes 1-2 joints or rocks per use to get high/drunk.
3. 7-12 Drinks of beer or smokes 3-4 joints or rocks per use to get high/drunk.
4. 13-18 Drinks of beer or smokes 5-6 joints or rocks per use to get high/drunk.
5. 18 or over Drinks of beer or smokes over 6 joints or rocks per use to get high/drunk.

c. When I drink/take/smoke the same amount as it took to get me high/drunk when first began to use, I:

1. Get higher/drunk.
2. Feel a slight buzz.
3. Feel normal.
4. Feel cheated.

11. Development of withdrawal symptoms, which can be relieved by taking more of the substance.

a. The characteristic withdrawal syndrome for the substance (Alcohol).

1. Autonomic hyperactivity (e.g. sweats or racing pulse greater than 100).
2. Increased hand tremor
3. Difficulty Sleeping
4. Nausea or vomiting
5. Temporary hallucinations
6. Feeling physical agitation
7. Anxiety
8. Seizures

b. The same or closely related substance is taken to relieve or avoid withdrawal symptoms:

1. Begin drinking as soon as I wake up.
2. Drink to avoid the shakes.
3. Drink to feel better in the morning.

Sources: DSM 5, Who Me and 40 Questions