

Alabama Department of Mental
Health and Mental Retardation
Substance Abuse Division
UNCOPE SCREENING
(AGE 18 AND ABOVE)

Date of Screening: ___/___/___

Date of Entry: ___/___/___

Provider ID: _____

Client Identifier:

Last Name: _____ First Name: _____ MI: _____

Alias 1: _____ Alias 2: _____

Date of Birth: / / Sex: Male Female

SSN#: Medicaid #:

Address: _____ (street)

City: _____ State: _____ Zip:

County of residence: _____

Home Phone: _____ Work Phone: _____

Marital Status: Married Separated Widowed Divorced Never Married

Head of household? Yes No Education (years completed): _____

Race: (Check one box)

- Alaska Native (Aleut, Eskimo, Indian) American Indian (other than Alaska Native)
 Asian Native Hawaiian or Other Pacific Islander Black or African American
 White Other Single Race Two or More Races Unknown

Ethnicity: (Check one box)

- Not of Hispanic Origin Puerto Rican Mexican Cuban Other Specific Hispanic
 Hispanic – Specific Origin not Specified Unknown

UNCOPE – Age 18 and Above

In the past year, have you ever drank or used drugs more than you meant to^{1,2}:

YES NO

Have you ever neglected some of your usual responsibilities because of alcohol or drugs²:

YES NO

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year^{1,2}:

YES NO

Has anyone objected to your drinking or drug use^{3,1} OR has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use²:

YES NO

Have you ever found yourself preoccupied with wanting to use alcohol or drugs² OR Have you found yourself thinking a lot about drinking or using:

YES NO

Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom^{2,1}:

YES NO

Number of Positive Responses: _____ (Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.)

1. Brown, R. L., Leonard, T., Saunders, L. A., & Papasouliotis, O. (1997). A two-item screening test for alcohol and other drug problems. *Journal of Family Practice*, 44, (2), 151-160.

2. Hoffmann, N. G. & Harrison, P. A. (1995). *SUDDS-IV: Substance Use Disorders Diagnostic Schedule*. Smithfield, RI: Evince Clinical Assessments.

3. Hoffmann, N. G. (1995). *TAAD: Triage Assessment for Addictive Disorders*. Smithfield, RI: Evince Clinical Assessments.