

MENTAL ILLNESS DRUG & ALCOHOL SCREENING

MIDAS

Client Name and/or ID number: \_\_\_\_\_

Worker Name: \_\_\_\_\_

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

Each question refers to the past six months

\* Please circle the specific substance / gambling issues(s) as well as: YES or NO

- |     |   |     |    |
|-----|---|-----|----|
| 1.  | In the past 6 months have you felt that you have a problem, or used to have a problem, with your use of drugs and/or alcohol, and/or gambling?        | YES | NO |
| 2.  | In the past 6 months have you used drugs or alcohol, or gambled even though your doctor or other treaters recommended that you do not?                | YES | NO |
| 3.  | In the past 6 months has your family been concerned about your drugs and/or alcohol or gambling?  | YES | NO |
| 4.  | In the past 6 months have your treaters expressed concerns about your drugs and/or alcohol or gambling?   | YES | NO |
| 5.  | In the past 6 months have you had legal problems or engaged act in illegal activity (other than using drugs) due to drugs and/or alcohol or gambling? | YES | NO |
| 6.  | In the past 6 months have you had medical problems related to, or worsened by, drugs and/or alcohol or gambling?                                      | YES | NO |
| 7.  | In the past 6 months have you used drugs and/or alcohol or gambling to relieve mental health symptoms?  | YES | NO |
| 8.  | In the past 6 months have you found that using drugs and/or alcohol or gambling worsens your mental health symptoms?                                  | YES | NO |
| 9.  | In the past 6 months have you had problems taking your psychiatric medication as prescribed because of drug and/or alcohol use or gambling?           | YES | NO |
| 10. | Have you gotten in trouble, including getting in trouble at a mental health treatment program, because of drug and/or alcohol use or gambling?        | YES | NO |
| 11. | In the past 6 months have you had ER visits or psychiatric hospitalizations that were connected to drug and/or alcohol use or gambling?               | YES | NO |
| 12. | In the past 6 months do you ever feel guilty about your drug and/or alcohol use or gambling?  | YES | NO |

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|--|-----|----|
| 13. In the past 6 months have you experienced withdrawal symptoms or intensive craving to use drugs or alcohol or to gamble?         | YES | NO |
| 14. In the past 6 months have you attended self-help (e.g. 12 Step) meetings relating to drugs and/or alcohol addiction or gambling? | YES | NO |
| 15. In the past 6 months have you felt unable to control your use of any drugs or alcohol or gambling?                               | YES | NO |
| 16. Do you consider yourself to be an alcoholic or drug addict or gambling addict?   | YES | NO |

**SCORING CATEGORY**

Please circle the applicable diagnostic category

- Any YES answer on questions 1-12 indicates probable abuse
- Any YES answer on questions 13-17 indicates probable dependence
- Absence of YES answers indicates no abuse or dependence.

**TOTAL SCORE**

**Notes**

- Total score may be an indicator of severity, but even a low score can indicate probable substance abuse or dependence.
- If the person answers YES to even one question, then s/he is considered to have probable abuse or dependence
- If a person scores in both probable abuse and probable dependence, rate as probable dependence

**CLINICIAN'S RATING OF RELIABILITY OF DIAGNOSTIC CATEGORY RESULT**

Please read notes and circle applicable rating.

E. HIGH                  MEDIUM                  LOW

**Notes**

- Clinician's rating of reliability relates to the perception of the accuracy of the diagnostic category in which the person scores, based on the clinician's own knowledge, not to whether or not the client answered each question truthfully. E.g., a person answers YES to Questions 13 and 14 and NO to questions 15 and 16; s/he will be categorized as probable dependence. Even though the clinician believes that s/he was untruthful about questions 15 and 16 reliability is still rated as high if the clinician believes that category of probable dependence is accurate overall.
- Use the Moderate or Low reliability ratings in the following types of circumstances only: If a person has scored in a category which underestimates (or, in rare cases, may overestimate) the clinician's perception of his/her actual substance or gambling diagnosis: e.g., scores no problem when the clinician believes there is probable abuse or dependence (LOW), or scores probable abuse when the clinician believes there is probable dependence (MODERATE).