

Client Name: _____ ID: _____ Date: _____

UNCOPE
Addiction Screening Instrument
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Yes No

- U** ___ ___ In the past year, have you ever drunk or used drugs more than you meant to?
Or
Have you spent more time drinking or using than you intended?
- N** ___ ___ Have you ever neglected some of your usual responsibilities because of using last year?
- C** ___ ___ Have you felt you wanted or needed to cut down on your drinking or drug use in the last year?
- O** ___ ___ Has anyone objected to your drinking or drug use?
Or
Has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?
- P** ___ ___ Have you ever found yourself preoccupied with wanting to use alcohol or drugs?
Or
Have you found yourself thinking a lot about drinking or using?
- E** ___ ___ Have you ever used alcohol or drugs to relieve emotional discomfort such as sadness, anger, or boredom?

Total Yes _____

Scoring: **Two (2)** or more positive responses indicate **possible** abuse or dependence
Four (4) or more positive responses **strongly indicate** dependence.

Clinical Staff (Signature/Credentials) _____