

Severity of Dependence Scale (SDS)

The Severity of Dependence Scale (SDS) indicates the severity of opioid dependence through a 5-item questionnaire. The total score is obtained by adding the values associated with each answer. The greater the score, the greater the level of dependence. This questionnaire will assist your provider in identifying ways of meeting your needs about a drug which may be causing you some concern.

Instructions:

Check the answer that best applies to how you have felt about your use of [specific drug] over the last 12 months.

1. Did you ever think that your use of [specific drug] was out of control?

Never or Almost Never (0)

Sometimes (1)

Often (2)

Always (3)

2. Did the prospect of missing a dose/shot/snort make you very anxious or worried?

Never or Almost Never (0)

Sometimes (1)

Often (2)

Always (3)

3. How much did you worry about your use of the drug?

Never or Almost Never (0)

Sometimes (1)

Often (2)

Always (3)

4. Do you wish you could stop using the drug?

Never or Almost Never (0)

Sometimes (1)

Often (2)

Always (3)

5. How difficult would you find it to stop or go without [specific drug]?

Never or Almost Never (0)

Sometimes (1)

Often (2)

Always (3)

A score of ≥ 5 indicates psychological dependence upon an opioid

Total Score:

Adapted from: Gossop, M., Darke, S., Griffiths, P., Hando, J., Powis, B., Hall, W., Strang, J. The Severity of Dependence Scale (SDS): psychometric properties of the SDS in English and Australian samples of heroin, cocaine and amphetamine users. *Addiction* 1995; 90(5): 607-614.; and WHO Opioid Evaluation Instrument. www.emcdda.europa.eu/attachements.cfm/att_7364_EN_english_sds.pdf. Accessed on August 6, 2019.

Readiness and Confidence to Change Scales

The scores obtained from the questions below may be incorporated into the overall history, and may provide some indication of the patient's willingness and confidence to change. A higher score indicates a greater readiness and confidence to change.

READINESS TO CHANGE

1. Do you want to change your use of [specific drug] right now?

- No (0)
- Probably Not (1)
- Unsure (2)
- Possibly (3)
- Definitely (4)

CONFIDENCE TO CHANGE

2. Do you think you could change your use of [specific drug] now if you wanted to?

- Definitely Could Not (0)
- Probably Could Not (1)
- Unsure (2)
- Probably Could (3)
- Definitely Could (4)

SCORE: