

Fund Code  
 SA  OR

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

Submitting Worker: \_\_\_\_\_

Date of Screening: \_\_\_/\_\_\_/\_\_\_

Date of Entry: \_\_\_/\_\_\_/\_\_\_

ASAIS ID: \_\_\_\_\_ Provider ID: \_\_\_\_\_

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  Common Law  
 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<sup>1,2</sup>:

YES  NO

Have you ever neglected some of your usual responsibilities because of alcohol or drugs<sup>2</sup>:

YES  NO

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year<sup>1,2</sup>:

YES  NO

Has anyone objected to your drinking or drug use<sup>3,1</sup> OR has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use<sup>2</sup>:

YES  NO

Have you ever found yourself preoccupied with wanting to use alcohol or drugs<sup>2</sup> 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<sup>2,1</sup>:

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.