



Summary Table of Assessment and Outcomes Measure Tools

This resource provides a summary table of NADA's [Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings 2009](#). Where possible, access links to each of the tools has also been provided.

For more detailed information on each instrument, go to the full review on the page number quoted next to the instrument name.

This table contains some useful standardised, validated tools that may be relevant to Drug and Alcohol services that can be used to measure treatment outcomes and to screen and assess for mental health symptoms and conditions, drug and alcohol use and disorders and general functioning. This list is not exhaustive, as the number of available instruments is vast. Nevertheless, all attempts have been made to include the most relevant and useful measures.

It should be noted that some of these tools require specialist training, or else mislabelling, misinterpretation, or inappropriate use may occur. Some tools are copyright protected and need to be purchased, and/or require the user to have specific qualifications. Some tools may require acknowledgement of its authors. It is important that workers are aware of what they are, and are not, trained to use, and seek training where required. Services should conduct their own research as to which tools are appropriate for their service.

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Drug & Alcohol Severity Instruments

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[Cannabis Problems Questionnaire \(CPQ\)](#)
[Leeds Dependence Questionnaire \(LDQ\)](#)
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Craving Measures

[Cocaine Craving Questionnaire \(Weiss et al\)](#)
[Marijuana Craving Questionnaire \(MCQ\)](#)
[Penn Alcohol-Craving Scale \(PACS\)](#)

Instrument	Utility/Measures	Administration	Strengths	Limitations	Cost
Global Instruments					
<p>Addiction Severity Index (ASI) p. 31</p> <p>Click here to access (NDARC)</p>	<p>Assessment and outcome measurement. 30 day & lifetime alcohol use, drug use, medical problems, psychiatric problems, family/social problems, employment, legal problems.</p>	<p>Interview or self-report</p>	<p>Widely used across a range of population groups.</p>	<p>Psychometric and interpretation concerns. Less extensive Australia use. Lengthy</p>	<p>No</p>
<p>Brief Treatment Outcome Measure (BTOM) / Australian Alcohol Treatment Outcome Measure (AATOM) p. 22</p> <p>BTOM: Click here to access (NSW Health) Click here to access (NDARC)</p> <p>ATOM: Click here to access (NDARC)</p>	<p>Outcome measurement. Bloodborne virus risk, drug use, social and psychological functioning, health.</p>	<p>Interview</p>	<p>Adequate reliability and validity. Australian. No training required. Previous use within D&A sector in NSW. Public domain.</p>	<p>Limited testing across populations</p>	<p>No</p>
<p>Global Appraisal of Individual Needs (GAIN) p. 35</p> <p>Click here to access (Lighthouse Institute)</p>	<p>Assessment and outcome measure. Background information, substance use, physical health, risk behaviors, mental health, environment, legal, and vocational information.</p>	<p>Interview (can also be self-administered)</p>	<p>DSM-IV diagnosis. Includes satisfaction index. Range of short versions. Comprehensive. Good psychometrics.</p>	<p>Copyrighted/cost. Lengthy. American terminology. Not widely used outside USA.</p>	<p>Yes</p>
<p>Health of the Nation Outcome Scale (HoNOS) p. 24</p> <p>Click here to access (Monash University)</p>	<p>Assessment and outcome measurement. Severity of aggression, self harm, D&A use, memory/orientation, physical problems, mood disturbance, hallucination and delusions, other mental, social relationships/environment</p>	<p>Interview</p>	<p>Generally adequate validity and reliability. Thoroughly evaluated and extensively used across a range of populations (incl. Indigenous Australians). Public domain.</p>	<p>Inter-rater reliability concerns. Training required.</p>	<p>No</p>
<p>Indigenous Risk Impact Screen (IRIS)</p>	<p>Screening. D&A problems and mental health risks.</p>	<p>Interview</p>	<p>Aboriginal and Torres Strait Islander specific.</p>	<p>Aboriginal and Torres Strait</p>	<p>No</p>

<p>p. 37</p> <p>Click here to access (Department of Health and Ageing)</p>			<p>Adequate reliability and validity. Brief. Public domain.</p>	<p>Islander specific. Limited empirical validation</p>	
<p>Maudsley Addiction Profile (MAP) p. 29</p> <p>Click here to access (Institute of Psychiatry, UK) Click here to access (European Monitoring Centre for Drug & Drug Addiction)</p> <p>Treatment Outcome Protocol (TOP) (Updated version of MAP)</p> <p>Click here to access (National Health Service, UK)</p>	<p>Outcome measurement. Substance use, health risk behaviour, physical and psychological health, social functioning.</p>	<p>Self-report or interview</p>	<p>Adequate reliability and validity. Used widely across different cultural groups. Public domain</p>	<p>Limited validation in specific population groups and outside of Europe.</p>	<p>No</p>
<p>Opiate Treatment Index (OTI) p. 20</p> <p>Click here to access (NDARC)</p>	<p>Assessment and outcome measurement. D&A use, risk taking, social functioning, criminality, health status, psychological adjustment</p>	<p>Interview</p>	<p>Good reliability and validity. Australian. Public domain.</p>	<p>Training required. Only moderate validation in different populations. Lengthy. Predominantly a research instrument.</p>	<p>No</p>
<p>General Health & Functioning Instruments</p>					
<p>Camberwell Assessment of Need (CAN) p. 51</p> <p>Click here to access (Royal College of Psychiatrists, UK)</p>	<p>Assessment and outcome measurement. Comprehensive needs in 22 areas.</p>	<p>Interview (or self report)</p>	<p>Widely used. Validated in Australia. Specific versions for different client groups. No formal training required.</p>	<p>Discrepancies between client and clinician ratings of need.</p>	<p>Yes</p>
<p>Global Assessment of Functioning Scale (GAF) p. 45</p>	<p>Assessment and outcome measurement. Overall level of psychological, social and occupational client functioning.</p>	<p>Self-report</p>	<p>Used in both psychiatric and D&A populations. Freely available. Based on DSM criteria.</p>	<p>Training essential to interpretation. Some validity and reliability</p>	<p>No</p>

Click here to access (PsyWeb)				concerns.	
<p align="center">Life Skills Profile (LSP) p. 47</p> <p>Click here to access (Black Dog Institute)</p>	Outcome measurement and assessment. Range of functioning areas (Self-care, anti-social, withdrawal, compliance).	Interview	Positive mental health philosophy. Generally good psychometrics. Validated in a range of populations (incl. D&A, psychiatric and Indigenous). Brief and easy to use.	Some inter-rater issues.	No
<p align="center">Short-Form 36 Health Survey (SF-36; SF-12) p. 39</p> <p>Click here to access (Quality Metric)</p> <p>Click here to access (SF-36.org)</p>	Screening, assessment and outcome measurement. Physical/emotional role limitation and functioning, bodily pain, mental health, social functioning, vitality/general health perceptions.	Self-report	Brief. Very good psychometrics. Widely validated in an Australian context and across a range of populations (incl. D & A users and mentally ill.)	Licence fees apply.	Yes
<p align="center">Strengths and Difficulties Questionnaire (SDQ) p. 54</p> <p>Click here to access</p>	Screening, assessment and outcome measurement. Conduct problems, emotional symptoms, hyperactivity, peer relationships and prosocial behaviour.	Variety of collection methods	Moderate-good psychometrics. Widely used in psychiatric and D&A populations and cross culturally. Although copyrighted it is available without cost. Australian norms. Brief	Limited to children/adolescents	Not for non-profit organisations
<p align="center">World Health Organisation Disability Assessment Schedule II (WHODAS II) p. 58</p> <p>Click here to access (World Health Organisation, downloadable questionnaires)</p> <p>Click here to access (World Health Organisation)</p>	Assessment and outcome measurement Assess the activity limitations and participation restrictions experienced by an individual (understanding and communicating, getting around, self-care, getting along with people, life activities, participation in society).	Variety of collection methods	Brief. Public domain. Adequate psychometrics. Cross cultural and Australian validation.	Limited use in D&A populations.	No

<p>World Health Organisation Quality of Life-BREF (WHOQoL-BREF) p. 60</p> <p>Click here to access (World Health Organisation)</p>	Outcome measurement and assessment. Physical health, psychological health, social relationships, and environment.	Self-report	Brief. Cross cultural and Australian validation. Used widely across a range of populations (incl. D&A users and mentally ill). Adequate psychometrics. Public domain	Requires competent reading ability.	No
General Mental Health Instruments					
<p>The Behaviour and Symptom Identification Scale 32 BASIS-32® p. 80</p> <p>Click here to access (McLean Hospital, US)</p>	Screening and Outcome measure. Impulsive and addictive behaviour, Psychosis, Relation to self and others, Depression and anxiety and Daily living and role functioning	Variety of collection methods	Good psychometrics. Australian version available. Used in D&A samples	Copyrighted/cost. High reading level required for self-report version.	Yes
<p>Brief Psychiatric Rating Scale (BPRS) p. 71</p> <p>Click here to access (questionnaire from Priory Medical Journals)</p> <p>Click here to access (pdf of questionnaire with instructions)</p>	Screening. Thought disorder, withdrawal, anxiety/depression, hostility and activity.	Interview	Successfully used in D&A populations and across age groups. Adequate validity	Inter-rater reliability concerns. Training and qualifications required and intensive ongoing supervision.	No
<p>Depression Anxiety Stress Scale (DASS) p. 75</p> <p>Click here to access (Psychology Foundation of Australia)</p>	Screening and outcome measurement. Depression, anxiety and stress (general psychological distress).	Self-report	Good reliability and validity. Fairly widely used across cultures and age groups.	Interpretation requires expertise.	No
<p>General Health Questionnaire (GHQ) p. 66</p> <p>Click here to access (ACER Shop Online)</p>	Screening. Somatic symptoms, anxiety/insomnia, social dysfunction, severe depression.	Self-report	Good reliability and validity. Widely used across a range of populations (incl. D & A users).	Lower reliability in general population.	Yes but GHQ-28 is part of the OTI
<p>Kessler psychological distress scale (K10)</p>	Screening. Psychological distress.	Self-report (or interview if	Good reliability and validity. Widely used	Only screens for distress broadly.	No

p. 62 Click here to access (beyondblue)		required)	across a range of populations (incl. D&A users). Australian norms. Public domain. Brief.		
Mental Health Inventory (MHI) p. 77 Click here to access (RAND Health, US)	Screening and outcome measurement. General psychological distress and wellbeing.	Self-report or interview	Adequate psychometrics. Easy to use.	Only limited use across population groups.	No
PsyCheck p. 73 Click here to access (PsyCheck)	Screening. General mental health, suicidality/self-harm, depression and anxiety symptoms.	Mixed administration	Adequate reliability and validity. Australian. Designed for use in D&A treatment settings.	Few empirical studies.	No
Symptom Checklist-90-Revised (SCL-90-R) p. 69 Click here to access (Pearson, US)	Screening and outcome measurement. Somatisation, obsessive compulsive, interpersonal sensitivity, depression, anxiety, hostility, phobic anxiety, paranoid ideation, psychoticism.	Self-report	Good reliability and validity. Used in D&A populations. Long and shorter versions available.	Costs involved and qualifications required.	Yes
Specific mental health instruments					
Beck Inventories p. 97 Click here to access (Pearson, US)	Screening, assessment and outcome measurement. Symptoms of depression and anxiety, hopelessness and suicidal ideation.	Self-report or interview	Generally well researched, with good psychometrics. Brief.	Cost involved in use and only available to those with psychiatric or psychological qualifications.	Yes
Body Dysmorphic Disorder Questionnaire (BDDQ) p. 106 Click here to access (Body Images Research Consulting, US)	Screening. Disturbed body image	Self-report	Good sensitivity/specificity. Brief.	Lack of reliability/validation studies.	Yes

<p style="text-align: center;">Eating Attitudes Test (EAT) p. 104</p> <p>Click here to access (PsychCentral, US)</p>	<p>Screening and outcome measurement. Disturbed eating patterns.</p>	<p>Self-report</p>	<p>Brief. No special training required. Freely available online. Good psychometrics.</p>	<p>Does not assess more general dysfunctional attitudes and related psychopathology. Limited validation in men and D&A users</p>	<p>No</p>
<p style="text-align: center;">Impact of Event Scale (IES) p. 87</p> <p>Click here to access</p> <p>Click here to access (Revised version)</p>	<p>Screening and outcome measurement. Current degree of subjective stress (PTSD symptoms) experienced as a result of a specific event.</p>	<p>Self-report</p>	<p>Extensive testing. Good psychometrics. Freely available online. No special training required. Brief.</p>	<p>Requires competent reading ability.</p>	<p>No</p>
<p style="text-align: center;">Primary Care PTSD Screen (PC-PTSD) p. 86</p> <p>Click here to access (United States Department of Veteran Affairs)</p>	<p>Screening and outcome measurement. Current degree of subjective stress (PTSD symptoms) experienced as a result of a specific event.</p>	<p>Self-report</p>	<p>Extensive testing. Good psychometrics. Freely available online. No special training required. Brief.</p>	<p>Requires competent reading ability.</p>	<p>No</p>
<p style="text-align: center;">Psychosis Screener (PS) p. 83</p> <p>Click here to access (NDARC)</p> <p>Click here to access (NDARC)</p>	<p>Screening. Psychotic symptoms.</p>	<p>Interview</p>	<p>Adequate reliability and validity. Used in homeless and D&A using populations.</p>	<p>Mixed success in prison populations. Sensitivity/specificity varies.</p>	<p>No</p>
<p style="text-align: center;">PTSD Checklist (PCL) p. 95</p> <p>Click here to access (IDACC Health Base)</p>	<p>Screening. PTSD symptoms.</p>	<p>Self-report</p>	<p>Excellent psychometrics. Different versions available. Public domain. Used in a variety of populations (incl. D&A users).</p>	<p>Cut-off points and scoring methods may vary.</p>	<p>No</p>

<p>PTSD Symptom Scale Self-Report (PSS-SR) / Post Traumatic Stress Diagnostic Scale (PDS) p. 90</p> <p>Click here to access (Pearson)</p>	Screening and outcome measurement. PTSD symptoms.	Self-report	Good psychometrics. Used in wide range of populations (incl. D&A users).	Copyrighted/cost.	Yes
<p>Spielberger State Trait Anxiety Inventory (STAI) p. 102</p> <p>Click here to access (ACER Shop Online)</p>	Screening and outcome measurement. Transitory and enduring anxiety.	Self-report	Widely used (including D & A users). Moderate-good psychometrics.	Cost involved in use and qualifications required.	Yes
<p>Traumatic Life Events Questionnaire (TLEQ) P. 85</p> <p>Click here to access (Western Psychological Services)</p>	Screening. Intense fear, helplessness and horror symptoms of trauma and frequency trauma.	Self-report or interview	Adequate reliability and validity. Used in adolescents, D&A user and prison populations.	Copyrighted/cost involved. Limited empirical testing.	Yes
<p>Trauma Screening Questionnaire (TSQ) p. 93</p> <p>Click here to access (The British Journal of Psychiatry)</p>	Screening. Re-experiencing and arousal PTSD symptoms.	Self-report	Simple. Adequate psychometrics in preliminary studies. Freely available.	Limited empirical studies.	No
Positive Mental Health Instruments					
<p>Dispositional Hope Scale (DHS) p. 112</p> <p>The DHS is printed in: Snyder, C. R., Harris, C., Anderson, J. R., Holleran, S. A., Irving, L. M., Sigmon, S. T., et al. (1991). The will and the ways: Development and validation of an individual-differences measure of hope. <i>Journal of Personality and Social Psychology</i>, 60, 570-588.</p>	Outcome measurement. Hope.	Self-report	Used across cultures. No training required. Freely available. Brief.	Limited empirical evidence.	No

<p align="center">Recovery Assessment Scale (RAS) p. 108</p> <p>Click here to access (Stigma Research)</p>	<p>Outcome measurement. Empowerment, coping ability, and quality of life.</p>	<p>Self-report</p>	<p>Simple and effective. Freely available online.</p>	<p>Not widely used.</p>	<p>No</p>
<p align="center">Growth and Empowerment Measure (GEM) Formerly referred to as: Social & Emotional Wellbeing & Empowerment Tool p. 116</p> <p align="center">For copies contact: Melissa Haswell 02 9385 3324 m.haswell@unsw.edu.au</p> <p align="center">Protocols For The Delivery Of Social and Emotional Well Being and Mental Health Services In Indigenous Communities click here to access</p>	<p>Outcome measurement Empowerment.</p>	<p>Self-report</p>	<p>Aboriginal and Torres Strait Islander specific.</p>	<p>Still being validated</p>	<p>No</p>
<p align="center">Stages of Recovery Instrument (STORI) p. 114</p> <p>Click here to access (University of Wollongong)</p>	<p>Outcome measurement. Recovery as the concept is described by mental health consumers.</p>	<p>Self-report</p>	<p>Freely available. Brief. Good preliminary findings.</p>	<p>Limited empirical evidence.</p>	<p>No</p>
<p>General Drug & Alcohol Instruments</p>					
<p align="center">Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) p. 138</p> <p>Click here to access (World Health Organisation)</p>	<p>Screening. D&A use and risk (lifetime/recent substance use, specific substance involvement, frequency, dependence, abuse, intravenous drug use).</p>	<p>Interview</p>	<p>Good psychometrics across a range of cultures. Brief and simple to administer. Includes brief intervention strategies. Public domain.</p>	<p>Limited empirical evidence for sub- populations.</p>	<p>No</p>
<p align="center">Alcohol Use Disorders Identification Test (AUDIT) p. 117</p>	<p>Screening and outcome measurement. Alcohol use: consumption, dependence, and related-problems.</p>	<p>Self-report or interview</p>	<p>Freely available. Brief. Good psychometrics across a vast range of populations (incl.</p>	<p>Concerns about utility in females, Indigenous and older populations.</p>	<p>No</p>

Click here to access (Guidelines for Use; World Health Organisation)			mentally ill). No training required. Australian version.	Intended for general Population.	
<p>CAGE/CAGEAID p. 121</p> <p>Click here to access (requires subscription to American Journal of Psychiatry Online)</p> <p>Click here to access (World Health Organisation)</p> <p>Click here to access (Counselling Resource)</p>	Screening. Identify problem alcohol use.	Self-report or interview	Very brief. Moderate-good psychometrics. Used in a variety of populations (adapted for Indigenous Australians). Freely available.	Test-retest concerns. Concerns about utility in females and mentally ill populations.	No
<p>Drug Abuse Screening Test (DAST) p. 127</p> <p>Click here to access (Veterans Outreach Inc, US)</p>	Screening and assessment. Identify problem drug use.	Self-report or interview	Brief. Freely available. Good psychometrics in range of populations (incl. mentally ill).	Concerns over applicability to women and across cultures. Does not discriminate between past and present use.	No
<p>Michigan Alcoholism Screening Test (MAST) p. 124</p> <p>Click here to access (National Council on Alcoholism and Drug Dependence of the San Fernando Valley, Inc., US)</p>	Screening and assessment. Identify problem alcohol use.	Self-report or interview	Brief. Public domain. Good psychometrics across a range of populations (incl. mentally ill). No training required for use.	Does not discriminate between past and present drinking. Concerns over applicability to women and across cultures.	No
<p>T-ACE/TWEAK p. 130</p> <p>Click here to access (Department of Health and Ageing)</p>	Screening. Specifically designed to identify at-risk drinking pregnant women (but has some utility in other groups).	Interview	Available online without cost. Very brief. Moderate psychometrics. No training required.	Does not provide a picture of pattern of use. Debate over suitable cut-off scores.	No
Timeline Followback Method (TLFB)	Assessment and outcome measurement. Information on	Variety of collection	Widely used (incl. in mentally ill populations).	Training required.	Minimal

p. 133 Click here to access (NOVA, Southeastern University, Florida, US)	the amount/duration of D&A use over a specified period of time.	methods	Simple. Adequate psychometrics.		
Drug & Alcohol Severity Instruments					
Alcohol Dependence Scale (ADS) P. 144 Click here to access (Centre for Addiction and Mental Health, camh, Canada)	Assessment and outcome measurement. Identify and assess alcohol abuse and dependence.	Self-report	Adequate psychometrics. Brief. Fairly widely used in a variety of populations	Copyrighted/cost.	Yes
Cannabis Problems Questionnaire (CPQ) p. 146 Click here to access (National Cannabis Prevention and Information Centre, UNSW)	Screening. Problematic cannabis use.	Self-report	Australian developed. Brief. Good psychometrics. Public domain.	Limited empirical studies across different population groups.	No
Leeds Dependence Questionnaire (LDQ) p. 147 Click here to access (Leeds Addiction Unit, UK)	Assessment and outcome measurement. Severity of D&A dependence	Self-report	Can be used across D&A dependence. Good psychometrics. Brief. Freely available. Incorporates psychological dependence rather than just consumption and physical dependence.	Limited use in all types of substance dependence. Limited use across cultures.	No
Short Alcohol Dependence Data Questionnaire (SADD) p. 142 Click here to access (Moderation Management, California, US)	Assessment and outcome measurement. Less severe alcohol dependence, behavioural and subjective changes.	Self-report	Freely available. Adequate psychometrics. Brief.	Limited empirical studies. Lack of use across cultures.	No
Severity of Alcohol Dependence Questionnaire (SADQ) p. 140	Assessment and outcome measurement. Severity of dependence on alcohol, withdrawal symptoms etc.	Interview	Freely available. No special training required. Brief. Good psychometrics.	Not widely used across all groups (e.g. psychiatric). Concerns about	No

Click here to access (prisonmentalhealth.org)				use in older people and women.	
<p>Severity of Dependence Scale (SDS) p. 151</p> <p>Click here to access (pdf from European Monitoring Centre for Drugs and Drug Addiction)</p>	Screening and outcome measurement. Psychological dependence on a given substance.	Self-report	Very brief. Public domain. Good psychometrics. Widely validated in an Australian context and across drug types.	Very brief.	No
<p>Substance Dependence Severity Scale (SDSS) p. 149</p> <p>Click here to access (National Institute on Alcohol Abuse and Alcoholism, US)</p>	Assessment and outcome measurement. Severity of dependence on a variety of substances.	Interview	Generally adequate psychometrics. Range of substances. Based on DSM-IV validation.	Lengthy. Some concern about the cannabis and sedative subscales.	Minimal
Craving Measures					
<p>Weiss Cocaine Craving Questionnaire p. 156</p> <p>Click here to access (Questionnaire is outlined in NADAs Review of Screening, Assessment and Outcome Measures for Drug and Alcohol Settings report page 156 – 157)</p>	Screening. Cocaine craving	Self-report	Brief. Easy to use. Adequate psychometrics.	Limited empirical studies across different groups.	No
<p>Marijuana Craving Questionnaire (MCQ) p. 158</p> <p>Available upon request to: sheish@intra.nida.nih.gov (National Institute on Drug Abuse, US)</p>	Screening. Marijuana craving	Self-report	Brief. Easy to use. Adequate psychometrics.	Limited empirical studies across different groups.	Minimal
<p>Penn Alcohol-Craving Scale (PACS) p. 159</p> <p>Available from : bflannery@rti.org or in Flannery and colleagues (1999)</p>	Screening. Alcohol craving	Self-report	Brief. Easy to use. Adequate psychometrics. Used in different settings in an Australian context.	Limited empirical studies.	Minimal

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