

Name: _____

CLINICIAN'S RATING SCALES: Drug Use Scale (DUS)

Initial rating will be based on client self-report, records, and any other information gathered regarding client's use over the previous six months. All other rating will be done on a quarterly basis.

Client ID: _____ Rating Date: _____

- 1. Abstinent:** no use of drugs during this time period.
- 2. Use without impairment:** use of drugs during this time period but no evidence of persistent or recurrent problems related to use or dangerous use.
- 3. Abuse:** use of drugs and evidence of persistent or recurrent problems related to use or recurrent dangerous use.
- 4. Dependence:** meets at least three of the following: greater amounts or intervals of use than intended, much of time used obtaining or using substance, frequent intoxication or withdrawal interferes with other activities, important activities given up because of drug use, continued use despite knowledge of alcohol or substance-related problems, marked tolerance, characteristic withdrawal symptoms.
- 5. Dependence with Institutionalization:** Problems related to dependence are so severe that they make non-institutional living difficult.

CLINICIAN DRUG USE RATING: _____

Identify drugs used: _____