Date (mm/dd/yyyy): / / 

Name: ____________________________ ( Inpatient • Outpatient )

**SRSS** Please describe your state during the past week.

For each statement below, please circle one answer that best describes you. For the word “drug” that appears in the statements, think about the drug you currently abuse.

<table>
<thead>
<tr>
<th>Strongly Disagree and Disagree</th>
<th>Neither Agree nor Disagree</th>
<th>Strongly Agree and Agree</th>
</tr>
</thead>
</table>

Please circle one from (×, △, ○)

Ex.) I sleep well, ................................................................. × Δ ○

**[Anxiety and intention to use drug; AI]**

1) The feeling I used to have while using the drug sometimes comes back. .............................................. × Δ ○
2) There are times I want to use the drug. ................................................................. × Δ ○
6) I am anxious about reusing the drug. ................................................................. × Δ ○
12) Thinking about my family, I can no longer use the drug. (R) .............................................. × Δ ○
22) If my friend gives me the drug, I would use it even in the hospital. ................................................................. × Δ ○
27) If I have a large sum of money, I want to buy the drug. ................................................................. × Δ ○
33) I will use the drug in near future. ................................................................. × Δ ○
35) Even though I know I will be arrested, I would use the drug. ................................................................. × Δ ○

**[Emotionality problems; PM]**

3) I feel a constant need to put something in my mouth. ................................................................. × Δ ○
5) I am annoyed by words from others. ................................................................. × Δ ○
7) I am irritated. ................................................................. × Δ ○
10) I am not motivated to do anything. ................................................................. × Δ ○
16) I feel lonely. ................................................................. × Δ ○
19) I am anxious about my future. ................................................................. × Δ ○
23) I cannot control my feeling. ................................................................. × Δ ○
25) I feel tired due to impatience. ................................................................. × Δ ○

**[Compulsivity for drug; CD]**

8) I would do almost anything in order to use the drug. ................................................................. × Δ ○
28) I would do anything to get money for the drug. ................................................................. × Δ ○
31) I want the drug even if I have to steal. ................................................................. × Δ ○
34) I want to obtain the drug even by working illegally. ................................................................. × Δ ○
【Positive expectancies and lack of control over drug; PL】
18) If someone holds the drug under my nose, I would not be able to refuse it. …………… ×  △  ○
20) I would use the drug if I am alone. …………………………………………………………… ×  △  ○
24) If the drug is placed in front of me, I would use it. ……………………………………… ×  △  ○
29) If I use the drug, I would be less nervous. ……………………………………………… ×  △  ○
30) If I use the drug, I would feel everything is going well. ………………………………… ×  △  ○
32) If I use the drug, I would feel invigorated. ……………………………………………… ×  △  ○

【Lack of negative expectancy for the drug; NE】
9) I feel easier than before. (R) …………………………………………………………………………… ×  △  ○
14) I am afraid of hallucinations due to drug use. (R) ……………………………………… ×  △  ○
17) I would not be able to control myself if I use the drug. (R) …………………………… ×  △  ○
21) If I use the drug, it would badly influence my job. (R) …………………………………… ×  △  ○

【Insight into illness】
4) I can stop using the drug by myself. (R) ………………………………………………… ×  △  ○
11) I would be fine without the drug. (R) …………………………………………………… ×  △  ○
13) I have already recovered from drug abuse. (R) ……………………………………… ×  △  ○
15) I am confident that I would not use the drug again. (R) …………………………… ×  △  ○
26) I think I am an addict…………………………………………………………………………… ×  △  ○

(R)= reversal item

【Practical notes】
・ Item numbers in this manual correspond to those in the scale.
・ If the contents of items and the instruction are not changed, you can change the format of this scale to fit the situations.
・ For the sake of preventing the order effect, you can rearrange the order of items randomly.
・ Each item is rated as below: × = 1,  △ = 2,  ○ = 3 (reversal item:  × = 3,  △ = 2,  ○ = 1)
・ Each subscale score is rated by simple average score (or total score).
・ The total score of SRRS is rated by average score (or total score) of five subscale scores.
・ Items of “Insight into illness” are used supplementarily. Individuals with extremely low score of “Insight into illness” (e.g. average score is 1 point) may deny their illness.