

Reasons For Use Scale

Which drug do you use the most or causes most concern for you?(Write drug name here): _____

How often do you use that drug for the following reasons? (Tick a box for each reason.)

		1 Almost never/ never	2 Some of the time	3 Half of the time	4 Most of the time	5 Almost always/ always
1	To relieve boredom					
2	To make it easier to sleep					
3	To slow down racing thoughts					
4	To be sociable					
5	To relax					
6	To be part of a group					
7	To get high					
8	To decrease suspiciousness / paranoia					
9	To forget your worries					
10	Because its fun					
11	To reduce side effects of medication					
12	Because it makes a social gathering more enjoyable					
13	To help you talk to others					

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14	To get away from the voices					
15	Because you feel more self confident and sure of yourself					
16	Because it helps when you feel nervous.					
17	Because its what most of your friends do when you get together					
18	As a way to celebrate					
19	To decrease restlessness					
20	Help me concentrate					
21	Because your friends pressure you to do it.					
22	To be liked					
23	So you won't feel left out					
24	It helps when you feel depressed					
25	To feel more motivated					
26	Because it makes you feel good					