## **PROMIS Proxy Severity of Substance Abuse**

In the past 3 months
Has your child used any illegal drugs, other than alcohol or prescription drugs that were not prescribed to them?
Please choose any of the following your child used other than prescribed medication:
<ul> <li>□ Depressants (i.e. Valium)</li> <li>□ Stimulants (i.e. cocaine)</li> <li>□ Psychedelics (i.e. LSD, PCP)</li> <li>□ Opioids (i.e. heroin)</li> <li>□ Cannabinoids (marijuana)</li> </ul>
○ Continue
In the past 3 months
I felt that my child's drug use was out of control
<ul><li>○ Not at all</li><li>○ A little bit</li><li>○ Somewhat</li><li>○ Quite a bit</li><li>○ Very much</li></ul>
In the past 3 months
My child's desire to use drugs seemed overpowering
<ul><li>○ Never</li><li>○ Rarely</li><li>○ Sometimes</li><li>○ Often</li><li>○ Very often</li></ul>
In the past 3 months
Drugs were the only thing my child could think about
<ul><li>○ Never</li><li>○ Rarely</li><li>○ Sometimes</li><li>○ Often</li><li>○ Very often</li></ul>



In the past 3 months
My child's drug use caused problems with people close to them
<ul> <li>Never</li> <li>Rarely</li> <li>Sometimes</li> <li>Often</li> <li>Very often</li> </ul>
In the past 3 months
My child has a drug problem
<ul> <li>○ Not at all</li> <li>○ A little bit</li> <li>○ Somewhat</li> <li>○ Quite a bit</li> <li>○ Very much</li> </ul>
In the past 3 months
My child craved drugs
<ul> <li>Never</li> <li>Rarely</li> <li>Sometimes</li> <li>Often</li> <li>Very often</li> </ul>
In the past 3 months
My child spent a lot of time using drugs
<ul> <li>Never</li> <li>Rarely</li> <li>Sometimes</li> <li>Often</li> <li>Very often</li> </ul>

**₹EDCap**°