



Mentally III Drug & Alcohol Screening (MIDAS)

Each question refers to the past six months		Please circle one	
1	Do you feel that you have a problem with your use of drugs/or alcohol?	Yes	No
2	Do you use drugs and alcohol even though your doctor or other treaters recommend that you do not?	Yes	No
3	Is your family concerned about your drug and alcohol use?	Yes	No
4	Are your treaters concerned about your drug and alcohol use?	Yes	No
5	Have you had legal problems or engaged in illegal activity (other than using drugs) due to drug and alcohol use?	Yes	No
6	Have you had medical problems related to, or worsened by drug and alcohol use?	Yes	No
7	Do you use drugs and alcohol to relieve mental health symptoms?	Yes	No
8	Do you find that using drugs and alcohol worsens your mental health symptoms?	Yes	No
9	Do you have problems taking your psychiatric medication as prescribed because of drug or alcohol use?	Yes	No
10	Have you gotten in trouble, including getting in trouble at a mental health program, because of drug or alcohol use?	Yes	No
11	Have you had ER visits or psychiatric hospitalizations that were connected to drug or alcohol use?	Yes	No
12	Do you ever feel guilty about your drug and alcohol use?	Yes	No
13	Have you experienced withdrawal symptoms or intense cravings to use drugs or alcohol?	Yes	No
14	Have you attended self-help (e.g. 12 Step) meetings related to drug and alcohol addiction?	Yes	No
15	Have you received any addiction treatment, including detoxification?	Yes	No
16	Have you felt unable to control your use of any drug or alcohol?	Yes	No
17	Do you consider yourself to be an active alcoholic or drug addict?	Yes	No