

KMSK Scale – Expanded Version (© The Rockefeller University 2013) *

Alcohol - Lifetime (Definition of one drink: 1.5 ounces of 40 to 80 Proof (20 to 40 %) alcohol or one 12 ounce can of beer or one 5 ounce glass of wine, one ounce equals 30 ml.)

1. *At the time in your life when you were drinking the most alcohol, were you drinking it:*

- Every day, or nearly every day (5 points)
- Three or more days a week (4 points)
- Every weekend, or most weekends and holidays (3 points)
- Once a week or less (2 points)
- A few times a year, on special occasions (1 point)
- Never (0 points)

Frequency Score _____

2. *When was this?* _____

3. *Are you drinking currently?* _____

4. *How long did this pattern of drinking last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0, 1, or 2, Score Duration as 0)

5. *During this time when you were drinking the most, how many drinks at a sitting or in a day would you typically drink?*

- Ten or more (5 points)
- Five – ten (4 points)
- Four – five (3 points)
- Two – three (2 points)
- One – two (1 point)
- None (0 points)

Amount Score _____

6. *Is alcohol your drug of choice?*

- Yes
- No

Total Alcohol Score _____

7. Age of first use: _____

Comments:

Alcohol – 30 Days

1. *During the last 30 days, how many days did you drink alcohol:*

- Fifteen to thirty days (5 points)
- Six to fourteen days (4 points)
- Four to five days (3 points)
- Two to three days (2 points)
- One day (1 point)
- None (0 points)

Frequency Score _____

2. *How long has this current pattern of drinking been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

3. *During the last month, when you were drinking the most, how many drinks at a sitting or in a day would you typically drink?*

- Ten or more (5 points)
- Five – ten (4 points)
- Four – five (3 points)
- Two – three (2 points)
- One – two (1 point)
- None (0 points)

Amount Score _____

4. *Is alcohol your drug of choice?*

- Yes
- No

Total 30-Day Alcohol Score _____

Comments:

Tobacco - Lifetime

1. *At the time in your life when you were smoking the most (a) cigarettes or (b) cigars, were you smoking:*

- At regular intervals throughout the day, every day or most days (5 points)
- In clusters, at specific times of day like coffee breaks or lunchtime, every day or most days (4 points)
- Once a day, every day or most days (3 points)
- 20 – 100 times in lifetime (2 points)
- Fewer than 20 times in lifetime (1 point)
- Never smoked (0 points)

Frequency Score _____

2. *When was this?*

3. *Are you smoking currently?*

4. *How long did this pattern of smoking last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0, 1, or 2, Score Duration as 0)

5. *How many packs per day of cigarettes would you typically smoke, at your heaviest use?*

- | | |
|--|---|
| <input type="radio"/> Two or more (5 points) | <input type="radio"/> Half a pack (2 points) |
| <input type="radio"/> One – two (4 points) | <input type="radio"/> Less than half a pack (1 point) |
| <input type="radio"/> One (3 points) | <input type="radio"/> None (0 points) |

Amount Score _____

6. *How many cigars per day would you typically smoke, at your heaviest use? (Not scored)*

- | | |
|-----------------------------------|----------------------------|
| <input type="radio"/> Two or more | <input type="radio"/> One |
| <input type="radio"/> One – two | <input type="radio"/> None |

7. *Is tobacco your drug of choice?*

- Yes No

Total Tobacco Score _____

8. Age of first use: _____

Comments:

Tobacco – 30 Days

1. *During the past 30 days, when you were smoking the most (a) cigarettes or (b) cigars, were you smoking:*

- At regular intervals throughout the day, every day or most days (4 points)
- In clusters, at specific times of day like coffee breaks or lunchtime, every day or most days (3 points)
- Once a day, every day or most days (2 points)
- One to 3 days per week (1 points)
- Does not smoke at present (0 points)

Frequency Score _____

2. *How long has this current pattern of smoking been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

3. *During the past 30 days, how many packs per day of cigarettes would you typically smoke, at your heaviest use?*

- | | |
|--|---|
| <input type="radio"/> Two or more (5 points) | <input type="radio"/> Half a pack (2 points) |
| <input type="radio"/> One – two (4 points) | <input type="radio"/> Less than half a pack (1 point) |
| <input type="radio"/> One (3 points) | <input type="radio"/> None (0 points) |

Amount Score _____

4. *How many cigars per day would you typically smoke during the past month? (Not scored)*

- | | |
|-----------------------------------|----------------------------|
| <input type="radio"/> Two or more | <input type="radio"/> One |
| <input type="radio"/> One – two | <input type="radio"/> None |

5. *Is tobacco your drug of choice?*

- Yes No

Total 30-Day Tobacco Score _____

Comments:

Cocaine - Lifetime

1. *At the time in your life when you were using the most cocaine or crack cocaine, were you using it:*

- 2.
- Several times a day, every day or most days, or continuous use as long as drug is available (7 points)
 - Three or more times a day, three to five days a week (6 points)
 - Three or more times a day, one to three days a week (5 points)
 - Once a day, every day or most days (4 points)
 - More than 100 times in lifetime (3 points)
 - 20 – 100 times in lifetime (2 points)
 - Fewer than 20 times in lifetime (1 point)
 - Never used (0 points)

Frequency Score _____

1b. *How did you use it?:* smoking snorting freebasing skin popping IV injection

2. *When was this?*

3. *Are you currently using?*

4. *How long did this pattern of cocaine use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

5. *During this time when you were using the most cocaine, how much would you use/spend at one sitting?*

- Number of grams _____; Multiply by \$80
 - Number of vials or “rocks” _____; Multiply by \$10
 - Amount of money spent per day on cocaine: Total = \$_____
- \$100 or more (6 points)
 - \$80-99 (5 points)
 - \$60-79 (4 points)
 - \$40-59 (3 points)
 - \$20-39 (2 points)
 - \$1-19 (1 point)
 - \$0 (0 points)

Amount Score _____

6. *Is cocaine your drug of choice?* Yes No

Total Cocaine Score _____

7. Age of first use: _____

Comments:

Cocaine – 30 Days

1. *During the last 30 days, how many days did you use cocaine or crack cocaine?*

- Nineteen to thirty days (4 points)
- Eight to eighteen days (3 points)
- Three to seven days (2 points)
- One to two days (1 point)
- None (0 points)

Frequency Score _____

1b. *How did you use it?:* smoking snorting freebasing skin popping IV injection

2. *How long has this pattern of cocaine use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

3. *During this time when you were using the most cocaine, how much would you use/spend at one sitting?*

- Number of grams _____; Multiply by \$80
- Number of vials or “rocks” _____; Multiply by \$10
- Amount of money spent per day on cocaine: Total = \$_____

- \$100 or more (6 points)
- \$80-99 (5 points)
- \$60-79 (4 points)
- \$40-59 (3 points)
- \$20-39 (2 points)
- \$1-19 (1 point)
- \$0 (0 points)

Amount Score _____

4. *Is cocaine your drug of choice?* Yes No

Total 30-Day Cocaine Score _____

Comments:

Heroin - Lifetime

1. *At the time in your life when you were using the most heroin, were you using it:*

- Several times a day, every day or most days (4 points)
- Once a day, every day or most days (3 points)
- 20 – 100 times in lifetime (2 points)
- Fewer than 20 times in lifetime (1 point)
- Never used (0 points)

Frequency Score _____

1b. *How did you use it?:* smoking snorting freebasing skin popping IV injection

2. *When was this?*

3. *Are you currently using?*

4. *How long did this pattern of heroin and/or opiate use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

5. *During this time when you were using the most heroin or opiates, how much would you typically use/spend at one sitting? (Score as doses)*

- Number of bags/packets (1 bag = 1 dose)
- Amount of money spent per day on heroin/opiates
(Dose equals dollar amount divided by 10)

(Dose = _____)

6. *Amount Scoring*

- 10 or more doses (6 points)
- 8-9 doses (5 points)
- 6-7 doses (4 points)
- 4-5 doses (3 points)
- 2-3 doses (2 points)
- <1-1 doses (1 point)
- 0 doses (0 points)

Amount Score _____

7. *Is heroin your drug of choice?* Yes No

Total Heroin Score _____

8. Age of first use: _____

Comments:

Heroin – 30 Days

1. *During the last 30 days, how many days did you use heroin?*

- Fourteen to thirty-one days (4 points)
- Five to thirteen days (3 points)
- Three to four days (2 points)
- One to two days (1 point)
- Did not use heroin in the last 30 days (0 points)

Frequency Score _____

1b. *How did you use it?:* smoking snorting freebasing skin popping IV injection

2. *How long has this pattern of heroin use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

3. *During this time when you were using the most heroin, how much would you typically use/spend at one sitting?* (Score as doses)

- Number of bags/packets (1 bag = 1 dose)
- Amount of money spent per day on heroin/opiates
(Dose equals dollar amount divided by 10) (Dose = _____)

4. Amount Scoring

- 10 or more doses (6 points)
- 8-9 doses (5 points)
- 6-7 doses (4 points)
- 4-5 doses (3 points)
- 2-3 doses (2 points)
- <1-1 doses (1 point)
- 0 doses (0 points)

Amount Score _____

5. *Is heroin your drug of choice?* Yes No

Total 30-Day Heroin Score _____

Comments:

Illicit Use of Prescription Opiates - Lifetime

1. *At the time in your life when you were illicitly using prescription opiates (Oxycontin, Percocet, etc.) were you using them:*

- Every day or nearly every day (5 points)
- Three or more days per week (4 points)
- Every weekend or most weekends and holidays (3 points)
- Once per week or less (2 points)
- A few times a year on special occasions (1 point)
- Never (0 points)

Frequency Score _____

1b. *How did you use it?:* smoking snorting freebasing skin popping IV injecting

2. *When was this?*

3. *Are you currently using?*

4. *If you were illicitly using prescription opiates, what were their names?*

5. *How long did this pattern of opiate use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

6. *During this time when you were illicitly using the most prescription opiates, how many would you typically use at one sitting?*

- 10-20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

7. *Are prescription opiates your drug of choice?* Yes No

Total Illicit Prescription Opiate Score _____

8. Age of first use: _____

Comments:

Illicit Use of Prescription Opiates – 30 Days

1. *During the last 30 days, how many days did you illicitly use prescription opiates (e.g., Oxycontin, Percocet, etc.)?*

- Twenty-one to thirty days (4 points)
- Eleven to twenty days (3 points)
- Three to ten days (2 point)
- One to two days (1 points)
- None (0 points)

Frequency Score _____

1b. *How did you use it?:* smoking snorting freebasing skin popping IV injecting

2. *If you were using prescription opiates illicitly, what were their names?*

3. *How long has this current pattern of illicit prescription opiate use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

4. *During this time when you were illicitly using the most prescription opiates, how many would you typically use at a time?*

- 10-20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

5. *Are prescription opiates your drug of choice?* Yes No

Total 30-Day Illicit Prescription Opiate Score _____

Comments:

Marijuana/Cannabis - Lifetime

1. *At the time in your life when you were using the most marijuana, were you using it:*

- Several times a day, every day (6 points)
- Every day, or nearly every day (5 points)
- Three or more days a week (4 points)
- Every weekend, or most weekends and holidays (3 points)
- Once a week or less (2 points)
- A few times a year, on special occasions (1 point)
- Never (0 points)

Frequency Score _____

2. *When was this?*

3. *What form of marijuana did you use (e.g., plant, oil, hash, etc.) and how did you typically use it?*

4. *Are you using currently?*

5. *How long did this pattern of marijuana use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0, 1, or 2, Score Duration as 0)

6. *During this time when you were using the most, how much marijuana at a sitting would you typically use?*

- | | |
|--|---|
| <input type="radio"/> More than five joints (5 points) | <input type="radio"/> One to two joints (2 points) |
| <input type="radio"/> Four to five joints (4 points) | <input type="radio"/> Less than one joint (1 point) |
| <input type="radio"/> Two to three joints (3 points) | <input type="radio"/> None (0 points) |

Amount Score _____

7. *Is marijuana your drug of choice?*

- Yes
- No

Total Marijuana Score _____

Age of first use: _____

Comments:

Marijuana/Cannabis – 30 Days

1. *During the last 30 days, how many days did you use marijuana?*

- Twenty-one to thirty (4 points)
- Eleven to twenty (3 points)
- Three to ten (2 points)
- One to two (1 point)
- None (0 points)

Frequency Score _____

2. *What form of marijuana did you use (e.g., plant, oil, hash, etc.) and how did you typically use it?*

3. *How long has this pattern of marijuana use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

4. *During this time when you were using the most, how much marijuana at a sitting would you typically use?*

- | | |
|--|---|
| <input type="radio"/> More than five joints (5 points) | <input type="radio"/> One to two joints (2 points) |
| <input type="radio"/> Four to five joints (4 points) | <input type="radio"/> Less than one joint (1 point) |
| <input type="radio"/> Two to three joints (3 points) | <input type="radio"/> None (0 points) |

Amount Score _____

5. *Is marijuana your drug of choice?* Yes No

Total 30-Day Marijuana Score _____

Comments:

Amphetamine/Methamphetamine - Lifetime

1. *At the time in your life when you were using the most amphetamine or methamphetamine, which drug were you using primarily:*

Amphetamine

("Speed", Dexedrine®, Benzedrine, Adderall, etc.) _____

Methamphetamine

("Ice", "Crystal", "Crank", "Meth", Methedrine®, etc.) _____

2. *Were you using it:*

- Every day or nearly every day (5 points)
- Three or more days per week (4 points)
- Every weekend or most weekends and holidays (3 points)
- Once per week or less (2 points)
- A few times a year on special occasions (1 point)
- Never (0 points)

Frequency Score _____

3. *When was this?*

4. *Are you currently using?*

5. *How long did this pattern of amphetamine/methamphetamine use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

6. *During this time when you were using the most amphetamine/methamphetamine, what was your method of choice?*

- Intravenous (4 points)
- Smoking (3 points)
- Intranasal ("Snorting") (2 points)
- Oral (Pills, Licking) (1 point)

(Method = _____)

7. *Is amphetamine/methamphetamine your drug of choice?* Yes No

Total Amphetamine Score _____

Age of first use: _____

Comments:

Amphetamine/Methamphetamine – 30 days

1. *During the last 30 days, when you were using the most amphetamine or methamphetamine, which drug were you using primarily:*

Amphetamine

("Speed", Dexedrine®, Benzedrine, Adderall, etc.) _____

Methamphetamine

("Ice", "Crystal", "Crank", "Meth", Methedrine®, etc.) _____

2. *During the last 30 days, how many days did you use amphetamine or methamphetamine?*

- Twenty-one to thirty days (4 points)
- Eleven to twenty days (3 points)
- Three to ten days (2 points)
- One to two days (1 point)
- None (0 points)

Frequency Score _____

3. *How long has this current pattern of amphetamine or methamphetamine use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

4. *During this time when you were using the most amphetamine/methamphetamine, what was your method of choice?*

- Intravenous (4 points)
- Smoking (3 points)
- Intranasal ("Snorting") (2 points)
- Oral (Pills, Licking) (1 point)

(Method = _____)

5. *Is amphetamine/methamphetamine your drug of choice?* a. Yes b. No

Total 30-Day Amphetamine Score _____

Comments:

Benzodiazepines - Illicit Use of Prescription or Illicit Prescription - Lifetime

1. *At the time in your life when you were using illicit benzodiazepines (e.g., Xanax, Valium, Ambien, Ativan, etc.) the most, were you using them:*

- Every day or nearly every day (5 points)
- Three or more days per week (4 points)
- Every weekend or most weekends and holidays (3 points)
- Once per week or less (2 points)
- A few times a year on special occasions (1 point)
- Never (0 points)

Frequency Score _____

2. *When was this?*

3. *Are you currently using?*

4. *If you were using illicit benzodiazepines, what were their names?*

5. *How long did this pattern of illicit benzodiazepine use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

6. *During this time when you were using the most, how many benzodiazepines would you typically use at a time?*

- 10 to 20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

7. *Are benzodiazepines your drug of choice?* Yes No

Total Benzodiazepine Score _____

Age of first use: _____

Comments:

Benzodiazepines - Illicit Use of Prescription or Illicit Prescription – 30 Days

1. *During the last 30 days, how many days did you use illicit benzodiazepines (e.g., Xanax, Valium, Ambien, Ativan, etc.)?*

- Twenty-one to thirty days (4 points)
- Eleven to twenty days (3 points)
- Three to ten days (2 point)
- One to two days (1 points)
- None (0 points)

Frequency Score _____

2. *If you were using illicit benzodiazepines, what were their names?*

3. *How long has this current pattern of illicit benzodiazepine use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

4. *During this time when you were using the most, how many benzodiazepines would you typically use at a time?*

- 10 to 20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

5. *Are benzodiazepines your drug of choice?* Yes No

Total 30-Day Benzodiazepine Score _____

Comments:

Benzodiazepines - Healthcare Provider Prescribed - Lifetime

1. *At the time in your life when you were prescribed benzodiazepines (e.g., Xanax, Valium, Ambien, Ativan, etc.), were you prescribed them:*

- Every day or nearly every day (5 points)
- Three or more days per week (4 points)
- Every weekend or most weekends and holidays (3 points)
- Once per week or less (2 points)
- A few times a year on special occasions (1 point)
- Never (0 points)

Frequency Score _____

2. *When was this?*

3. *Do you currently have a prescription for benzodiazepines?*

4. *If you were prescribed benzodiazepines, what were their names?*

5. *How long were you prescribed benzodiazepines?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

6. *During this time when you were prescribed benzodiazepines, how many would you typically take at a time?*

- 10 to 20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

7. *Are benzodiazepines your drug of choice?* Yes No

Total Benzodiazepine Score _____

8. Age of first use: _____

Comments:

Benzodiazepines - Healthcare Provider Prescribed - 30 days

1. *During the last 30 days, how many days did you take benzodiazepines prescribed to you by a healthcare provider (e.g., Xanax, Valium, Ambien, Ativan, etc.)?*

- Twenty-one to thirty days (4 points)
- Eleven to twenty days (3 points)
- Three to ten days (2 point)
- One to two days (1 point)
- None (0 points)

Frequency Score _____

2. *If you were prescribed benzodiazepines, what were their names?*

3. *How long have you had your current prescription for benzodiazepines?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

4. *During this time when you were prescribed benzodiazepines, how many would you typically take at a time?*

- 10 to 20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

5. *Are benzodiazepines your drug of choice?* Yes No

Total 30-Day Benzodiazepine Score _____

Comments:

Barbiturates - Lifetime

1. *At the time in your life when you were using illicit barbiturates (e.g., phenobarbital, Tuinal, etc.) the most, were you using them:*

- Every day or nearly every day (5 points)
- Three or more days per week (4 points)
- Every weekend or most weekends and holidays (3 points)
- Once per week or less (2 points)
- A few times a year on special occasions (1 point)
- Never (0 points)

Frequency Score _____

2. *When was this?*

3. *Are you currently using?*

4. *If you were using illicit barbiturates, what were their names?*

5. *How long did this pattern of barbiturate use last?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)

Duration Score _____

(If Frequency Score = 0 or 1, Score Duration as 0)

6. *During this time when you were using the most, how many barbiturates would you typically use at a time?*

- 10 to 20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

7. *Are barbiturates your drug of choice?* Yes No

Total Barbiturate Score _____

8. Age of first use: _____

Comment:

Barbiturates – 30 Days

1. *During the last 30 days, how many days did you use illicit barbiturates (e.g., phenobarbital, Tuinal, etc.)?*

- Twenty-one to thirty days (4 points)
- Eleven to twenty-one days (3 points)
- Three to ten days (2 points)
- One to two days (1 point)
- None (0 points)

Frequency Score _____

2. *If you were using illicit barbiturates, what were their names?*

3. *How long has this current pattern of barbiturate use been going on?*

- More than a year (3 points)
- Six months to one year (2 points)
- Less than six months (1 point)
- No use (0 points)

Duration Score _____

4. *During this time when you were using the most, how many barbiturates would you typically use at a time?*

- 10 to 20 pills (4 points)
- 5-10 pills (3 points)
- 3-4 pills (2 points)
- 1-2 pills (1 point)
- None (0 points)

Amount Score _____

5. *Are barbiturates your drug of choice?* Yes No

Total 30-Day Barbiturate Score _____

Comments: