

Stimulant Relapse Risk Scale (SRRS)

The Stimulant Relapse Risk Scale (SRRS) is designed for evaluation of drug treatment programme. Any publications concerning or using this scale should bear the full citation. The following article should be cited as the source of the scale:

Ogai, Y., Haraguchi, A., Kondo, A., Ishibashi, Y., Umeno, M., Kikumoto, H., Hori, T., Komiyama, T., Kato, R., Aso, K., Asukai, N., Senoo, E., & Ikeda, K. (2007). Development and validation of the stimulant relapse risk scale for drug abusers in Japan. *Drug and Alcohol Dependence*, *88*(2-3), 174-181.

(Project Name / Activity Name)
Pre-activity Evaluation Questionnaire

Participant no.: _____

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.

	(1) strongly disagree	(2) disagree	(3) neither agree nor disagree	(4) agree	(5) strongly agree
1. The feeling I used to have while using the drug sometimes comes back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There are times I want to use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel a constant need to put something in my mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can stop using the drug by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am annoyed by words from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am anxious about reusing the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would do almost anything in order to use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel easier than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am not motivated to do anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would be fine without the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Thinking about my family, I can no longer use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have already recovered from drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am afraid of hallucinations due to drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am confident that I would not use the drug again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I would not be able to control myself if I use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If someone holds the drug under my nose, I would not be able to refuse it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am anxious about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I would use the drug if I am alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	(1) strongly disagree	(2) disagree	(3) neither agree nor disagree	(4) agree	(5) strongly agree
21. If I use the drug, it would badly influence my study/work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. If my friend gives me the drug, I would use it even in the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I cannot control my feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. If the drug is placed in front of me, I would use it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I feel tired due to impatience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I think I am an addict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. If I have a large sum of money, I want to buy the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I would do anything to get money for the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. If I use the drug, I would be less nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. If I use the drug, I would feel everything is going well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I want the drug even if I have to steal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. If I use the drug, I would feel invigorated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I will use the drug in near future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I want to obtain the drug even by working illegally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Even though I know I will be arrested, I would use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender: 1 Male 2 Female

Age: _____ years old

Have you joined any of the following activities: (select all that apply)

- | | |
|---|---|
| 1 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 2 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 3 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 4 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 5 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 6 <input type="checkbox"/> <i>Please list other activities in the programme</i> |

~ Thank you ~

(Project Name / Activity Name)
Post-activity Evaluation Questionnaire

Participant no.: _____

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.

	(1) strongly disagree	(2) disagree	(3) neither agree nor disagree	(4) agree	(5) strongly agree
1. The feeling I used to have while using the drug sometimes comes back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. There are times I want to use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. I feel a constant need to put something in my mouth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I can stop using the drug by myself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I am annoyed by words from others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I am anxious about reusing the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I am irritated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. I would do almost anything in order to use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. I feel easier than before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I am not motivated to do anything	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I would be fine without the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Thinking about my family, I can no longer use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I have already recovered from drug abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I am afraid of hallucinations due to drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I am confident that I would not use the drug again	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I feel lonely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. I would not be able to control myself if I use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. If someone holds the drug under my nose, I would not be able to refuse it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I am anxious about my future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I would use the drug if I am alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

	(1) strongly disagree	(2) disagree	(3) neither agree nor disagree	(4) agree	(5) strongly agree
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22. If my friend gives me the drug, I would use it even in the hospital	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I cannot control my feeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. If the drug is placed in front of me, I would use it	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I feel tired due to impatience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I think I am an addict	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. If I have a large sum of money, I want to buy the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. I would do anything to get money for the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. If I use the drug, I would be less nervous	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. If I use the drug, I would feel everything is going well	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. I want the drug even if I have to steal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. If I use the drug, I would feel invigorated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. I will use the drug in near future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. I want to obtain the drug even by working illegally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. Even though I know I will be arrested, I would use the drug	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Gender: 1 Male 2 Female

Age: _____ years old

Have you joined any of the following activities: (select all that apply)

- | | |
|---|---|
| 1 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 2 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 3 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 4 <input type="checkbox"/> <i>Please list other activities in the programme</i> |
| 5 <input type="checkbox"/> <i>Please list other activities in the programme</i> | 6 <input type="checkbox"/> <i>Please list other activities in the programme</i> |

~ Thank you ~

**Information Note on Evaluation Question Set No. 14
Stimulant Relapse Risk Scale (SRRS)**

The scale consists of 5 subscales, namely Anxiety and Intention to Use Drug (AI), Emotionality Problems (EP), Compulsivity for Drug (CD), Positive Expectancies and Lack of Control over Drug (PL), and Lack of Negative Expectancy for the Drug (NE). Individual subscales can be adopted as appropriate. The lie scale "Insight into One's Own Drug Problem" is also included which is auxiliary in nature.

Anxiety and intention to use drug (AI) subscale

8 items in AI subscale:

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

Emotionality problems (EP) subscale

8 items in EP subscale:

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

Compulsivity for drug (CD) subscale

4 items in CD subscale:

8. I would do almost anything in order to use the drug
28. I would do anything to get money for the drug
31. I want the drug even if I have to steal
34. I want to obtain the drug even by working illegally

Positive expectancies and lack of control over drug (PL) subscale

6 items in PL subscale:

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) subscale

4 items in NE subscale:

- 9. I feel easier than before (Reverse)
- 14. I am afraid of hallucinations due to drug use (Reverse)
- 17. I would not be able to control myself if I use the drug (Reverse)
- 21. If I use the drug, it would badly influence my study/work (Reverse)

Lie scale: Insight into one's own drug problem

5 items in lie scale:

- 4. I can stop using the drug by myself (Reverse)
- 11. I would be fine without the drug (Reverse)
- 13. I have already recovered from drug abuse (Reverse)
- 15. I am confident that I would not use the drug again (Reverse)
- 26. I think I am an addict