UNCOPE SCREENING
(AGE 18 AND ABOVE)

ASAIS ID: ________________________________
Last Name: ________________________________
First Name: ________________________________
MI: ______

Date of Birth: ___/___/_____
Address: ________________________________
City: ________________________________
State: ______ Zip: __________________
County of residence: ________________________________

Home Phone: ________________________________
Work Phone: ________________________________

Marital Status: □ Married □ Separated □ Common Law
□ Widowed □ Divorced □ Never Married

Head of household? □ Yes □ No

Education (years completed): ______

Race: (Check one box)
□ Alaska Native (Aleut, Eskimo, Indian) □ American Indian (other than Alaska Native)
□ Asian □ Native Hawaiian or Other Pacific Islander □ Black or African American
□ White □ Other Single Race □ Two or More Races □ Unknown

Ethnicity: (Check one box)
□ Not of Hispanic Origin □ Puerto Rican □ Mexican □ Cuban □ Other Specific Hispanic
□ Hispanic – Specific Origin not Specified □ Unknown

UNCOPE – Age 18 and Above

In the past year, have you ever drank or used drugs more than you meant to:1,2
□ YES □ NO

Have you ever neglected some of your usual responsibilities because of alcohol or drugs:2
□ YES □ NO

Have you felt you wanted or needed to cut down on your drinking or drug use in the last year:1,2
□ YES □ NO

Has anyone objected to your drinking or drug use?3,1 OR has your family, a friend, or anyone else ever told you they objected to your alcohol or drug use?2
□ YES □ NO

Have you ever found yourself preoccupied with wanting to use alcohol or drugs?2 OR Have you found yourself thinking a lot about drinking or using:
□ YES □ NO

Have you ever used alcohol or drugs to relieve emotional discomfort, such as sadness, anger or boredom:3,1
□ YES □ NO

Number of Positive Responses: ___________(Two or more positive responses indicate possible abuse or dependence. Four or more positive responses strongly indicate dependence.)