

Substance Use Symptom Checklist--Somali

Liiska Magacyada Astaanta Isticmaalka
Walaxda Maandooriyaha

Patient Label

Magaca: _____

MRN: _____

Taariikhda: _____

Si lagu caawiyo adiga iyo adeeg bixiyahaagu inaad fahantaan sida maarijoonadaada ama daraaga kale loo qaadanayo.

Gudaha 12 bilood ee la soodhaafay...

1. Ma heshay in isticmaalka wadaro isku mid ah oo walaxda maandooriyaha ah ay saamyn yar ku leedahy inay ahaan jirtay ama ma waxaad isticmaalaysaa wax badan oo walaxda maandooriyaha ah si aad u fayaanto ama aad u yeelato saamaynta la rabay oo ka badan marka aad bilowday isticmaalkeeda?	Maya (No)	Haa (Yes)
2. Markaad yaraysay ama joojisay isticmaalka walaxda maandooriyaha miyaad lahayd astaamaha ka noqoshada? Ma isticmaashaa walaxda maandooriya ama ma qaadataa walxaha kale si aad isaga ilaaliso astaamahaas?	Maya (No)	Haa (Yes)
3. Markaad isticmaashay walaxda maandooriyaha, ma isticmaashay wax badan ama muddo ka dheer wakhtigii aad qorshaysay?	Maya (No)	Haa (Yes)
4. Miyaad doontay ama isku dayday inaad jarto ama joojiso isticmaalka maandooriyaha, laakiin aad awoodi wayday inaad sidaas samayso?	Maya	Haa (Yes)
5. Wakhti badan miyaad ku qaadatay helida walaxda maandooriyaha, isticmaalka walaxda maandooriyaha ama ka bogsashada isticmaalka walaxda maandooriyaha?	Maya (No)	Haa (Yes)
6. Miyaad sii waday inaad isticmaasho walaxda maandooriyaha xataa in kastoo aad ogayd ama ka shakiday inay abuurto ama ka sii darto dhibaatooyinka maskaxda ama jidhka?	Maya (No)	Haa (Yes)
7. Miyay isticmaalka walaxda maandooriyahu faragelisay masuuliyadahaaga xaga shaqada, guriga ama dugsigay?	Maya (No)	Haa (Yes)
8. Miyaad ku fiyaantay ama ku sakhraantay walaxda maandooriyaha wax ka badan hal wakhti xaaladaha halka ay khatar ahayd, sida baabuur wadista ama ka shaqaynta mishiinada?	Maya (No)	Haa (Yes)
9. Miyaad isticmaasha walxaha daroogada xataa in kastoo aad ogtahay ama aad ka shakiday inay sababto dhibaatooyinka qoyskaaga ama dadka kale?	Maya (No)	Haa (Yes)
10. Miyaadla kullantaa rabitaan xoogan ama doonis xoog leh inaad isticmaasho walxada daroogada	Maya (No)	Haa (Yes)
11. Miyaad ku qaaday wakhti yar shaqaynta, xiisaynta balwadaha ama la sheekaysiga kuw akale sababtoo ah isticmaalkaaga walaxda maandooriyaha ah?	Maya (No)	Haa (Yes)

Walaxda(aha) maandooriyaha la isticmaalay (fadlan goobo geli dhammaan inta ku habboon):

- Opiates
- Xashiishada/maarijoonah
- Imtafiitamiinka/Waxyaabaha dareenka kiciya
- Kookaynta
- Benzodiazepines/Dawooyinak hurdada loo qaato
- Kale _____

Substance Use Symptom Checklist



Patient Label
Name: _____
MRN: _____
Date: _____

To help you and your provider understand how your marijuana or other drug use might be affecting your health, please complete the following questions.

In the past 12 months...

1. Did you find that using the same amount of the substance has less effect than it used to or did you have to use more of the substance to get high or have the desired effect than when you started using?	No	Yes
2. When you cut down or stop using the substance did you have withdrawal symptoms? Did you use the substance or take other substances to avoid those symptoms?	No	Yes
3. When you have used the substance, did you use more or for longer than you planned to?	No	Yes
4. Have you wanted to or tried to cut back or stop using the substance, but been unable to do so?	No	Yes
5. Did you spend a lot of time obtaining the substance, using the substance or recovering from using the substance?	No	Yes
6. Have you continued to use the substance even though you knew or suspected it creates or worsens mental or physical problems?	No	Yes
7. Has using the substance interfered with your responsibilities at work, home or school?	No	Yes
8. Have you been high or intoxicated by the substance more than once in situations where it was dangerous such as driving a car or operating machinery?	No	Yes
9. Did you use the substance even though you knew or suspected it causes problems with your family or other people?	No	Yes
10. Did you experience strong desires or cravings to use the substance?	No	Yes
11. Did you spend less time working, enjoying hobbies or socializing with others because of your use of the substance?	No	Yes

Substance(s) used (please circle all that apply):

- Cannabis/Marijuana
- Opiates (like heroin, OxyContin, Vicodin)
- Methamphetamine/Stimulants (like crystal meth, "speed," Ritalin)
- Benzodiazepines/Sedatives (like Xanax, Klonopin, Librium, Valium)
- Cocaine
- Other _____