Chinese version of Substance Use Assessment
物质/药物使用评估

Substance Use 物质使用	
What substances (alcohol, drugs, medications, etc.) do you use? 您目前使用哪些物质（酒精，药，毒品，处方药，别的精神活性物质）？	
How often do you use them? 您目前使用这些物质的频率是？	
How much do you usually use at one time? 每次使用物质时，您的用量是多少？	
When did you first start using it? 您是什么时候开始使用这些物质的？	

Impact on Life 生活的影响	
How has substance use affected your health? 使用物质对您的健康有没有造成影响？	
How has it affected your relationships (family, friends, partner)?	

物质使用对您的人际关系（家人、朋友、伴侣）产生了什么影响？	
How has it affected your work, school, or daily responsibilities? 它对您的工作、学业或日常责任有何影响？	
Have you ever had legal or financial problems because of substance use? 您是否曾因使用物质使用而遇到法律或经济问题？	

Desire for Change 改变的意愿	
Have you ever tried to cut down or stop before? 您曾经尝试过减少或停止使用这些物质吗？	
What happened when you tried to stop? 当您尝试停止使用时，发生了什么？	
Do you have a desire to quit? 您是否有完全戒除物质使用的意愿？	
Do you feel confident that you can quit successfully? 您是否有信心能成功戒除物质使用？	

Coping & Supports 应对方式与支援

What helps you get through stress or strong feelings without using substances? 在不依赖成瘾性物质的情况下，哪些行动或事情能帮助您应对压力或强烈的情绪？	
Who can you turn to for support when you are struggling? 当您遇到困难时，您可以向谁寻求支持或帮助？	