|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Severity of Dependence | | | Score  %%SDS\_Score%%/15 | | SDS Score | Dependence rating |
| Did you ever think your use was out of control? | | | %%SDSIsAODUseOutOfControl%% | | 0 - 3 | Nil or Negligible |
| Did the prospect of not using make you very anxious or worried? | | | %%SDSDoesMissingFixMakeAnxious%% | | 4 - 6 | Mild |
| How often did you worry about your use? | | | %%SDSHowMuchDoYouWorryAboutAODUse%% | | 7 - 9 | Moderate |
| Did you wish you could stop? | | | %%SDSDoYouWishToStop%% | | 10 - 12 | Substantial |
| How difficult would you find it to stop or go without? | | | %%SDSHowDifficultToStopOrGoWithout%% | | 13 - 15 | Severe |
| Injecting history:  %%HowLongSinceLastInjected%% | | Shared injecting equipment:  %%HaveYouEverSharedEquipment%% | | Times injected in the last 4 weeks:  %%Past4WkNumInjectingDays%% | | |
| AOD Risks identified | %%Past4WkAodRisks%% | | | | | |