

## Short Inventory of Problems (SIP-2R)

Date \_\_\_\_\_

Patient Name \_\_\_\_\_

<b>DURING THE PAST 3 MONTHS, about how often has this happened to you? Circle one answer.</b>	<b>Never</b>	<b>Once or a few times</b>	<b>Once or twice a week</b>	<b>Daily or almost daily</b>
1. I have been unhappy because of my drinking.	0	1	2	3
2. Because of my drinking, I have not eaten properly.	0	1	2	3
3. I have failed to do what is expected of me because of my drinking.	0	1	2	3
4. I have felt guilty or ashamed because of my drinking.	0	1	2	3
5. I have taken foolish risks when I have been drinking.	0	1	2	3
6. When drinking, I have done impulsive things that I regretted later.	0	1	2	3

<b>DURING THE PAST 3 MONTHS, how much has this happened? Circle one answer.</b>	<b>Not at all</b>	<b>A little</b>	<b>Some-what</b>	<b>Very Much</b>
7. My physical health has been harmed by my drinking.	0	1	2	3
8. I have had money problems because of my drinking.	0	1	2	3
9. My physical appearance has been harmed by my drinking.	0	1	2	3
10. My family has been hurt by my drinking.	0	1	2	3
11. A friendship or close relationship has been damaged by my drinking.	0	1	2	3
12. My drinking has gotten in the way of my growth as a person.	0	1	2	3
13. My drinking has damaged my social life, popularity, or reputation.	0	1	2	3
14. I have spent too much or lost a lot of money because of my drinking.	0	1	2	3

<b>Has this happened to you DURING THE PAST 3 MONTHS? Circle one answer.</b>	<b>No</b>	<b>Almost</b>	<b>Yes, once</b>	<b>Yes, more than once</b>
15. I have had an accident while drinking or intoxicated	0	1	2	3

Source: Kenna GA, et al. Can the short index of problems (SIP) be improved? Validity and reliability of the three-month SIP in an emergency department sample. J Stud Alcohol. 2005;66(3):433-7.