



Assess Your Substance Use

The following questions relate to your use of alcohol and other drugs. For each answer that is true for you, check the box. You can interpret the results on page 2.

During the past 6 months:	
1.	<input type="checkbox"/> Have you used alcohol or other drugs (including wine, beer, hard liquor, pot, coke, heroin, uppers, downers, hallucinogens, inhalants, or opioids)?
2.	<input type="checkbox"/> Have you felt that you use too much alcohol or other drugs?
3.	<input type="checkbox"/> Have you tried to cut down or quit drinking or using other drugs?
4.	<input type="checkbox"/> Have you gone to anyone for help because of your drinking or drug use (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, mental health professionals, or any type of treatment program?)
5.	<input type="checkbox"/> Have you had any of the following health problems? <ul style="list-style-type: none">• Blackouts or other periods of memory loss• Injured your head after drinking or using drugs• Had convulsions or delirium tremens (DTs)• Felt "coke bugs" or a crawling feeling under your skin after you stopped using drugs?• Felt sick, shaky, or depressed when you stopped using?• Been injured after drinking or using drugs?• Had hepatitis or other liver problems?
6.	<input type="checkbox"/> Has drinking or other drug use caused problems between you and your family or friends?
7.	<input type="checkbox"/> Has your drinking or other drug use caused problems at school or at work?
8.	<input type="checkbox"/> Have you been arrested or had other legal problems (such as bouncing bad checks, driving while intoxicated, theft, or drug possession)?
9.	<input type="checkbox"/> Have you lost your temper or gotten into fights while drinking or using drugs?
10.	<input type="checkbox"/> Are you needing to drink or use drugs more and more to get the effect you want?
11.	<input type="checkbox"/> Do you spend a significant amount of your time thinking about or trying to get alcohol and drugs?
12.	<input type="checkbox"/> When drinking or using drugs, are you more likely to do something you wouldn't normally do, like break the law, sell things that are important to you, or have unprotected sex
13.	<input type="checkbox"/> Do you feel bad or guilty about your drinking or drug use?

Over the course of your lifetime:	
14.	<input type="checkbox"/> Have you ever had a drinking or drug problem?
15.	<input type="checkbox"/> Have any of your family members ever had a drinking or drug problem?
16.	<input type="checkbox"/> Do you feel that you currently have a drinking or drug problem?

Count up the amount of checked boxes, but skip the 1st and 15th questions. This is what your score means:

0 to 1: You most likely do not have a problem with alcohol and drugs, however you feel that you have a problem, consult a doctor or other health professional.

2 to 3: You may have a problem with drugs and alcohol. If you or someone you know is worried about your substance use, consult a doctor or other health professional.

4 and higher: Your drinking and/or drug use habits may not be healthy or safe for yourself or those around you. If you don't seek help, your substance use may cause serious problems. Consult a doctor or other health profession