

# Assess Your Drug Use

You can complete this form and print it for easy reference. When you exit the form, the information will be deleted.

Answer these questions based on your use of drugs—**not alcohol**—in the past 12 months. Choose the answer that is mostly right for you.

These questions are asking about risky drug use, including:

- Using more of a drug than your doctor prescribes or more than the instructions say to use.
- Using a drug even though you don't have a medical reason to use it.
- Using illegal drugs.

Drugs may include:

- Cannabis (marijuana, hashish).
- Solvents, such as paint thinner.
- Tranquilizers, such as Valium.
- Barbiturates.
- Cocaine.
- Stimulants, such as speed (meth).
- Hallucinogens, such as LSD.
- Opioids, such as heroin.

If you think you might have a drug problem, see a doctor no matter what your results are from this questionnaire.

The results you get depend on how honest you are when you answer the questions.

Answer every question. Read each question, and click the check box in the "Yes" or "No" column. If you feel a question is hard to answer, choose the answer that you feel is mostly right.

In the past 12 months:	Yes	No
1. Have you used drugs other than the ones you needed for medical reasons?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you used more than one drug at a time without a medical reason or without a doctor telling you to?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is it hard for you to stop using drugs when you want to?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a blackout or flashback from using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever felt bad or guilty about using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have your friends or family ever complained about your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you neglected your family because of your drug use?	<input type="checkbox"/>	<input type="checkbox"/>
8. Have you done anything illegal so you can get drugs?	<input type="checkbox"/>	<input type="checkbox"/>
9. Have you felt sick (had withdrawal symptoms) when you stopped using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
10. Have you had health problems because of your drug use? (For example, have you had memory loss, hepatitis, convulsions, or bleeding?)	<input type="checkbox"/>	<input type="checkbox"/>
<b>Total</b>		

Your score indicates the degree of problems that your drug use may cause:

- 0 = **No problems related to drug use.** You probably do not have a problem with drug misuse or addiction.
- 1 to 2 = **Low risk of a drug problem.** Your drug use may not be causing serious problems at this time. But you should talk to your doctor about your drug use.
- 3 to 5 = **Medium risk of a drug problem.** You likely have a problem with drug misuse or addiction. Make an appointment with your doctor to discuss your drug use.
- 6 to 8 = **Serious risk of a drug problem.** You likely have a serious problem with drug misuse or addiction. Call your doctor now to make an appointment.
- 9 to 10 = **Severe risk of a drug problem.** You are almost certainly addicted to drugs. Call your doctor now to make an appointment.

Adapted from "Drug Use Questionnaire," © Copyright 1982 by Harvey A. Skinner, PhD, and the Centre for Addiction and Mental Health, Toronto, Canada.



© 1995-2019 Healthwise, Incorporated. Healthwise, Healthwise for every health decision, and the Healthwise logo are trademarks of Healthwise, Incorporated.

This information does not replace the advice of a doctor. Healthwise, Incorporated, disclaims any warranty or liability for your use of this information.