



Self-Assessment

Disclaimer:

Your results on this self-test are not intended to constitute a diagnosis of a substance use disorder or addiction. However, it will likely provide you with some understanding of your alcohol and drug use and the many issues connected with your substance use.

This self-test and results are not a substitute for an evaluation by a licensed alcohol and drug professional.

Questions:

1. Do you use drugs or alcohol in larger amounts and over longer periods of time than intended?
2. Have you attempted to cut down, control, or quit your use of alcohol or other drugs and been unable to do so?
3. When you think about your substance of choice (alcohol or other drugs), do you spend a lot of time obtaining it, using it, or recovering from your using it?
4. Do you experience craving to use your drug of choice or a strong desire to use alcohol or other drugs?
5. Have you repeatedly been unable to carry out major work, school, or home obligations due to your use?
6. Have you continued to use alcohol or other drugs despite persistent or recurring social or interpersonal problems caused or made worse by the use?
7. Have you stopped or reduced important social, occupational, or recreational activities due to your alcohol or drug use?
8. Have you used alcohol or other drugs in physically hazardous situations?
9. Have you continued your use of alcohol and/or other drugs despite acknowledgment of persistent or recurrent physical or psychological difficulties from using?
10. Have you experienced tolerance - a need for markedly increased amounts to achieve the desired effect or diminished effect with continued use of the same amount?
11. Have you experienced withdrawal symptoms (or have you used to avoid withdrawal)?

If you answered Yes to any of the questions, please contact us to further discuss your use of drugs/alcohol.