

Drug and Alcohol Self Assessment

Use this **Drug and Alcohol Self Assessment** form to help you or your loved one determine if in fact a drug or alcohol problem exists. This is meant to be a guideline and tool to aid in diagnosing the life controlling issue of substance use and abuse. Simply print this page and fill in the answers to get some pretty accurate results.

1. Has anyone ever suggested that you quit or cut back on your drug/alcohol use? Yes _____
No _____
2. Have you made promises to control your drinking or using and then broken them? Yes _____
No _____
3. Have you ever gotten into financial, legal or marital difficulties due to using or drinking? Yes _____
No _____
4. Have you ever hidden your use? Yes _____ No _____
5. Are you uncomfortable if alcohol or your drug of choice is not available? Yes _____
No _____
6. Have you ever felt guilty or ashamed about your drinking or using or what you did while under the influence? Yes _____ No _____
7. Do you use or drink alone? Yes _____ No _____
8. Do you use or drink more than usual when under pressure, angry or depressed Yes ____ No _____
9. Have you ever lost interest in other activities or noticed a decrease in ambition because of your drinking and using? Yes ____ No _____
10. Do you need to use more drugs or alcohol to get the same effect? Yes ____ No _____
11. Have you had the shakes or tremors after drinking or using? Yes ____ No _____
12. Have you continued to use despite adverse consequences? Yes ____ No _____
13. Is drinking or using jeopardizing your job or relationships? Yes ____ No _____

If you answered “yes” to one or more of the above questions, it does not necessarily mean that you have a chemical dependency problem, three or more “yes” answers suggest that you should closely evaluate your drug or alcohol use