



## Drug Addiction Assessment

Using drugs can have long-lasting effects on your body and mind, your emotional stability, your close relationships, your employability, and the degree of risk you pose towards others, including dependents.

If you are struggling with substance abuse, it is time to get help. You can start that process by completing a simple self-assessment like the one below.

Instructions: Answer each question “yes” or “no”. When you have answered all of the questions, enter your name and email address to receive your confidential Drug Addiction Assessment report.

	Yes	No
1. Do you ever use drugs for something other than a medical reason?		
2. When you use drugs, do you use more than one drug at a time?		
3. Do you have a history of abusing prescription drugs		
4. Is your drug use more than one day per week?		
5. Have you attempted to quit your drug use but been unsuccessful?		
6. Does your drug use cause feelings of guilt?		
7. Has your drug use ended relationships with friends?		
8. Do you find yourself neglecting your family because of your drug use?		
9. Has your drug use resulted in problems between you and your family members or friends?		
10. Do your family members or friends ever complain about your drug use?		
11. While under the influence of drugs, have you gotten into confrontations or fights with others?		
12. Has your drug use ever contributed to you losing a job?		
13. Has your drug use caused problems or gotten you into trouble at your workplace?		
14. Have you ever gone to jail or been arrested for illegal drug possession?		
15. Do you participate in illegal activities in order to get your drugs of choice		
16. When you stop taking your drug, do you experience any withdrawal symptoms or feel sick?		
17. Has your drug use ever resulted in flashbacks or blackouts?		
18. Have you ever had medical problems such as memory loss, hepatitis, convulsions, bleeding, etc. as a result of your drug use?		



19. Have you sought help for your drug problem in the past?		
20. Have you participated in any treatment programs, either inpatient or outpatient, related to your drug use?		
<b>My Name Is:</b>		
<b>My Email Address Is:</b>		

*Look forward to your Drug Addiction Assessment report arriving in your inbox soon!*

This confidential assessment tool is provided courtesy of the Southlake Center