

Drug Addiction Screening Test

(Referring to the past 12 months)

1. Have you used drugs other than those required for medical reasons?
Yes _____ No _____
2. Have you abused prescription drugs?
Yes _____ No _____
3. Do you abuse more than one drug at a time?
Yes _____ No _____
4. Can you get through the week without using drugs?
Yes _____ No _____
5. Are you always able to stop using drugs when you want to?
Yes _____ No _____
6. Have you had "blackouts" or "flashbacks" as a result of drug use?
Yes _____ No _____
7. Do you ever feel bad or guilty about your drug use?
Yes _____ No _____
8. Does your spouse (or parents) ever complain about your involvement with drugs?
Yes _____ No _____
9. Has drug abuse created problems between you and your spouse or your parents?
Yes _____ No _____
10. Have you lost friends because of your use of drugs?
Yes _____ No _____
11. Have you neglected your family because of your use of drugs?
Yes _____ No _____
12. Have you been in trouble at work because of your use of drugs?
Yes _____ No _____
13. Have you lost a job because of drug abuse?
Yes _____ No _____
14. Have you gotten into fights when under the influence of drugs?
Yes _____ No _____
15. Have you engaged in illegal activities in order to obtain drugs?
Yes _____ No _____
16. Have you been arrested for possession of illegal drugs?
Yes _____ No _____
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped using?
Yes _____ No _____
18. Have you had any medical problems as a result of drug use?
Yes _____ No _____
19. Have you gone to anyone for help for a drug problem?
Yes _____ No _____
20. Have you been involved in a treatment program especially related to drug use?
Yes _____ No _____

Drug Addiction Screen Test Scoring:

This quiz is scored by allocating 1 point to each “yes” answer – except for questions 4 and 5 , where 1 point is allocated for each “no” answer – and totaling the responses.

So, In other words, please score one point if you answered the following:

- 1) Yes
- 2) Yes
- 3) Yes
- 4) No
- 5) No
- 6-20) Yes

Score Interpretation

- 1-5 = Low Level
- 6-10 = Moderate Level
- 11-15 = Substantial Level
- 16-20 = Severe Level