

ADDICTION QUIZ & REVIEW WORKSHEET

Answer "Yes" or "No:"

- _____ 1. Do people comment about my "using?"
- _____ 2. Do I feel guilty, ashamed or remorseful about my "using?"
- _____ 3. Do I hide my alcohol/drugs from others?
- _____ 4. Do I cover up my "using" or the consequences?
- _____ 5. Do I do fewer "clean" activities with close friends than I used to?
- _____ 6. Do I continue to "use" despite negative results?
- _____ 7. Do I look forward to "using" for hours before I do it?
- _____ 8. Do I "use" before I go to a party?
- _____ 9. Do I "use" more or longer than others?
- _____ 10. Has any professional ever told me to "slow down?"

If you have answered "yes" to any of these questions, reconsider your using pattern, and seek professional help to clarify the reality of your using.

List examples of using experiences that would clarify my using pattern:

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

List experiences that clarify the consequences of my using pattern :

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

Six months to five years in the future, what might be the consequences of my "using?" _____

What of these consequences would cause me to "know" that I have "hit bottom?" _____

If any of these possibilities were to come to pass, how would I respond? _____

