

Name : _____ Date : _____

Substance Use Assessment

Instructions: Answer each of the following questions by circling YES or NO.
Try not to overthink your responses (if you're unsure about a question, go with your first instinct).

- YES / NO | Have your relationships with friends, family, or a significant other ever been strained or damaged by your drug / alcohol use?
- YES / NO | Have you ever had difficulty reducing or ending your drug / alcohol use?
- YES / NO | Have you ever missed work, or had reduced productivity / judgment at work due to drug / alcohol use?
- YES / NO | Have you ever used drugs / alcohol to self-medicate anger, depression, anxiety, or other negative emotions?
- YES / NO | Have you ever spent a great deal of time thinking about using, or thinking about how to obtain drugs / alcohol?
- YES / NO | Have you ever experienced strong cravings for drugs / alcohol?
- YES / NO | Have you ever developed a tolerance to a drug / alcohol that required you to use more of the substance to reach a desirable level of intoxication?
- YES / NO | Have you ever operated a vehicle, or engaged in a dangerous activity while under the influence of drugs / alcohol?
- YES / NO | Have you ever given up other enjoyable or healthy activities, such as hobbies, socializing, or exercising due to drug / alcohol use?
- YES / NO | Have you ever engaged in risky sexual behaviors (e.g. unprotected sex or infidelity) while under the influence of drugs / alcohol?
- YES / NO | Have you ever experienced withdrawal symptoms, such as a hangover, physical discomfort, or irritability due to abstinence from a drug.
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- YES / NO | Have you ever missed work, or had reduced productivity / judgment at work due to drug / alcohol use?
- YES / NO | Have you ever used drugs / alcohol to self-medicate anger, depression, anxiety, or other negative emotions?
- YES / NO | Have you ever spent a great deal of time thinking about using, or thinking about how to obtain drugs / alcohol?