Substance Abuse Self-Test

You can complete this form online and then print the form for easy reference. Only text that is visible on the form is printed; scrolled text will not print. Any text you enter into these fields will be cleared when you close the form; you cannot save it.

The following questions are about your use of alcohol and other drugs. Check the box next to each question that is true for you. Results based on your answers will appear at the end of the questions.

During the **past 6 months**:

1. Have you used alcohol or other drugs? (such as wine, beer, hard liquor, pot, coke, heroin or other opioids, uppers, downers, hallucinogens, or inhalants) ☐
2. Have you felt that you use too much alcohol or other drugs? ☐
3. Have you tried to cut down or quit drinking or using alcohol or other drugs? ☐
4. Have you gone to anyone for help because of your drinking or drug use? (such as Alcoholics Anonymous, Narcotics Anonymous, Cocaine Anonymous, counselors, or a treatment program) ☐
5. Have you had any health problems? For example, have you: ☐
   - Had blackouts or other periods of memory loss?
   - Injured your head after drinking or using drugs?
   - Had convulsions or delirium tremens (DTs)?
   - Had hepatitis or other liver problems?
   - Felt sick, shaky, or depressed when you stopped?
   - Felt "coke bugs" or a crawling feeling under the skin after you stopped using drugs?
   - Been injured after drinking or using drugs?
   - Used needles to shoot drugs?
6. Has drinking or other drug use caused problems between you and your family or friends? ☐
7. Has your drinking or other drug use caused problems at school or at work? ☐
8. Have you been arrested or had other legal problems? (such as bouncing bad checks, driving while intoxicated, theft, or drug possession) ☐
9. Have you lost your temper or gotten into arguments or fights while drinking or using other drugs? ☐
10. Are you needing to drink or use drugs more and more to get the effect you want? ☐
11. Do you spend a lot of time thinking about or trying to get alcohol or other drugs? ☐
12. When drinking or using drugs, are you more likely to do something you wouldn't normally do, such as break rules, break the law, sell things that are important to you, or have unprotected sex with someone? ☐
13. Do you feel bad or guilty about your drinking or drug use? ☐

The next questions are about **your lifetime experiences**.

14. Have you ever had a drinking or other drug problem? ☐
15. Have any of your family members ever had a drinking or drug problem? ☐
16. Do you feel that you have a drinking or drug problem now? ☐

Your risk for a substance abuse problem:

Center for Substance Abuse Treatment (2005). Substance Abuse Treatment for Persons With Co-Occurring Disorders. Treatment Improvement Protocol (TIP) Series 42. Appendix H: Screening Instruments, pp. 479-512. Rockville, MD: Substance Abuse and Mental Health Services Administration.

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