

Drug Abuse and Addiction Test - Based on DSM Criteria

Have you experienced any the following negative consequences?	No (0)	Yes (1)
1. Do you sometimes have difficulty controlling how much you use or for how long you use drugs?		
2. Have you made unsuccessful attempts to cut down your drug use?		
3. Do you sometimes spend a significant amount of time using or recovering from your drug use?		
4. Has your drug use had any negative consequences at home, school, or work? (Have you ever lost time off work because of your drug use?)		
5. Has your drug use had any negative consequences to your relationships or social life? (Have you ever concealed how much you use? Has anyone ever commented on your use?)		
6. Have you continued to use despite any negative consequences?		
7. Have you put off things or neglected to do things because of your drug use? (Have you ever disappointed your family or friends? Have you ever missed a family event?)		
8. Do you occasionally have strong cravings for drugs?		
9. Has your tolerance for drugs increased? Are you able to use more than you did before?		
10. Have you experienced withdrawal symptoms the next day after using drugs? (Have you ever been shaky or sweaty that evening or the next day?)		
11. Has your drug use led to any dangerous situations ? (Have you ever been charged with impaired driving?)		

Your Score:

2-3 = Mild substance abuse; 4-5 = Moderate substance abuse; 6 or more = Severe substance abuse.

No single test is completely accurate. You should always consult your physician when making decisions about your health.

Reference

American Psychiatric Association, *DSM-5 The Diagnostic and Statistical Manual of Mental Disorders. 5 ed*, ed. D. Kupfer: American Psychiatric Association.

This document may be distributed without restrictions. Use with the guidance of a health professional.

Reference: "I Want to Change My Life" by Dr. S. Melemis. www.IWantToChangeMyLife.org