

Drug Abuse Screening Test

Disclaimer:

This is a preliminary screening test for Drug Abuse symptoms that does not replace in any way a formal psychiatric evaluation. It is designed to give a preliminary idea about the presence of mild to moderate Drug Abuse symptoms that indicate the need for an evaluation by a psychiatrist.

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 (other than those required for medical reasons)? **yes** no
5. Are you always able to stop using drugs when you want to? **yes** no
6. Do you abuse drugs on a continuous basis? **yes** no
7. Do you try to limit your drug use to certain situations? **yes** no
8. Have you had "blackouts" or "flashbacks" as a result of drug use? **yes** no
9. Do you ever feel bad about your drug abuse? **yes** no
10. Does your spouse (or parents) ever complain about your involvement with drugs? **yes** no
11. Do your friends or relatives know or suspect you abuse drugs? **yes** no
12. Has drug abuse ever created problems between you and your spouse? **yes** no
13. Has any family member ever sought help for problems related to your drug use? **yes** no
14. Have you ever lost friends because of your use of drugs? **yes** no
15. Have you ever neglected your family or missed work because of your use of drugs? **yes** no
16. Have you ever been in trouble at work because of drug abuse? **yes** no
17. Have you ever lost a job because of drug abuse? **yes** no
18. Have you gotten into fights when under the influence of drugs? **yes** no
19. Have you ever been arrested because of unusual behavior while under the influence of drugs? **yes** no
20. Have you ever been arrested for driving while under the influence of drugs? **yes** no
21. Have you engaged in illegal activities to obtain drugs? **yes** no
22. Have you ever been arrested for possession of illegal drugs? **yes** no
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake? **yes** no
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)? **yes** no
25. Have you ever gone to anyone for help for a drug problem? **yes** no
26. Have you ever been in hospital for medical problems related to your drug use? **yes** no
27. Have you ever been involved in a treatment program specifically related to drug use? **yes** no
28. Have you been treated as an outpatient for problems related to drug abuse? **yes** no

Scoring: Each item in bold = 1 point

If you have answer YES more than 6 times. It is advised to seek a psychiatric consultation.