



## Drug Use Assessment Questionnaire

1. Have you used drugs other than those required for medical reasons?  
Yes                       No
2. Do you abuse more than one drug at a time?  
Yes                       No
3. Have you abused drugs prescribed by a physician?  
Yes                       No
4. Do you find it difficult to get through a week without using drugs?  
Yes                       No
5. Have you had "blackouts" or "flashbacks" as a result of drug use?  
Yes                       No
6. Do you ever feel guilty about your drug abuse?  
Yes                       No
7. Are you unable to limit your drug use to certain situations?  
Yes                       No
8. Do you use or abuse illicit drugs on a continuous basis?  
Yes                       No
9. Are you unable to stop using drugs when you want to?  
Yes                       No
10. Do your friends or relatives know or suspect your use drugs?  
Yes                       No
11. Has your spouse, parents, friends, or co-workers ever complain about your drug use?  
Yes                       No
12. Has drug use ever created problems between you and your spouse, parents, friends, or co-workers?  
Yes                       No
13. Have you ever lost friends because of your use of drugs?  
Yes                       No

**14. Have you had medical problems as a result of your drug use?**

Yes  No

**15. Have you been treated by a physician for memory loss, hepatitis, convulsions, bleeding, or stomach and intestinal cramps?**

Yes  No

**16. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?**

Yes  No

**17. Have you engaged in illegal activities in order to obtain drugs?**

Yes  No

**18. Have you ever been in trouble at work because of drug abuse?**

Yes  No

**19. Have you ever lost a job because of drug abuse?**

Yes  No

**20. Have you gotten into fights when under the influence of drugs?**

Yes  No

**21. Have you ever been arrested because of unusual behavior while under the influence of drugs?**

Yes  No

**22. Do you prefer using drugs while alone?**

Yes  No

**Counsellor's comments:**

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