

Narcotics Abuse Self-Test

Is it possible that I have symptoms of Narcotics Abuse?

<u>Question</u>	<u>Yes</u>	<u>No</u>
1. Do you ever use alone?	_____	_____
2. Have you ever substituted one drug for another, thinking that one particular drug was the problem?	_____	_____
3. Have you ever manipulated or lied to a doctor to obtain prescription drugs?	_____	_____
4. Have you ever stolen drugs or stolen to obtain drugs?	_____	_____
5. Do you regularly use a drug when you wake up or when you go to bed?	_____	_____
6. Have you ever taken one drug to overcome the effects of another?	_____	_____
7. Do you avoid people or places that do not approve of you using drugs?	_____	_____
8. Have you ever used a drug without knowing what it was or what it would do to you?	_____	_____
9. Has your job or school performance ever suffered from the effects of your drug use?	_____	_____
10. Have you ever been arrested as a result of using drugs?	_____	_____
11. Have you ever lied about what or how much you use?	_____	_____
12. Do you put the purchase of drugs ahead of your financial responsibilities?	_____	_____
13. Have you ever tried to stop or control your using?	_____	_____
14. Have you ever been in a jail, hospital, or drug rehabilitation center because of your using?	_____	_____
15. Does using interfere with your sleeping or eating?	_____	_____
16. Does the thought of running out of drugs terrify you?	_____	_____
17. Do you feel it is impossible for you to live without drugs?	_____	_____
18. Do you ever question your own sanity?	_____	_____
19. Is your drug use making life at home unhappy?	_____	_____
20. Have you ever thought you couldn't fit in or have a good time without drugs?	_____	_____
21. Have you ever felt defensive, guilty, or ashamed about your using?	_____	_____
22. Do you think a lot about drugs?	_____	_____

23. Have you had irrational or indefinable fears? _____
24. Has using affected your sexual relationships? _____
25. Have you ever taken drugs you didn't prefer? _____
26. Have you ever used drugs because of emotional pain or stress? _____
27. Have you ever overdosed on any drugs? _____
28. Do you continue to use despite negative consequences? _____
29. Do you think you might have a drug problem? _____