

If you feel you exhibit signs of being a drug abuser take this simple test to find out...

1. Have you used drugs other than those required for medical reasons?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2. Have you abused prescription drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3. Do you abuse more than one drug at a time?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4. Can you get through the week without using drugs (other than those required for medical reasons)? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5. Are you always able to stop using drugs when you want to? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6. Do you abuse drugs on a continuous basis?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7. Do you try to limit your drug use to certain situations? *	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8. Have you had "blackouts" or "flashbacks" as a result of drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9. Do you ever feel bad about your drug abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10. Does your spouse (or parents) ever complain about your involvement with drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
11. Do your friends or relatives know or suspect you abuse drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
12. Has drug abuse ever created problems between you and your spouse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
13. Has any family member ever sought help for problems related to your drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
14. Have you ever lost friends because of your use of drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
15. Have you ever neglected your family or missed work because of your use of drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
16. Have you ever been in trouble at work because of drug abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
17. Have you ever lost a job because of drug abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
18. Have you gotten into fights when under the influence of drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
20. Have you ever been arrested for driving while under the influence of drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
21. Have you engaged in illegal activities to obtain drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
22. Have you ever been arrested for possession of illegal drugs?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, or bleeding)?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
25. Have you ever gone to anyone for help for a drug problem?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
26. Have you ever been in hospital for medical problems related to your drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
27. Have you ever been involved in a treatment program specifically related to drug use?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
28. Have you been treated as an outpatient for problems related to drug abuse?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

All yes results are used to calculate your scale. A score of 5 or less means a normal score. A score of 6 or more means a drug abuser.

Scoring: Each positive response yield a point of 1, except for questions denoted with an asterisk. *4,5, and 7 are scored in the "no" or false direction.

A score of greater than five requires further evaluation for substance abuse problems.