

Self-Assessment – Substance Abuse / Chemical Dependency

1. Is your use affecting your relationships with friends or family?
2. Have you ever regretted something you did while under the influence?
3. Has your drinking or drug use ever affected your work performance?
4. Have you ever missed work due to your use?
5. Has your use ever caused financial troubles?
6. Have you lied about your use?
7. Does addiction run in your family?
8. Do you experience cravings at a certain time of day?
9. Do you use in the morning?
10. Do you use to escape reality?
11. Do you keep your use, or amount of use, a secret?
12. Have you ever experienced memory loss (blackout)?
13. Have you ever been hospitalized due to your use?
14. Have you ever had legal problems due to your use?
15. Have you ever felt you should cut down on your use?
16. Have people ever expressed concern about your use?
17. Have you noticed an increase in your tolerance?
18. Have you lost interest in things you once enjoyed due to your use?
19. Have you noticed a drop in your level of self-esteem?
20. Have you ever tried to quit on your own and been unsuccessful?

This self-assessment does not provide a precise measurement of a drug or alcohol problem. However, if you answered yes to three or more of these questions, there is a good chance a problem with drugs and/or alcohol exists.

**The American Society of Addiction Medicine's version of the CAGE Assessment Tool and "Twenty Questions of Alcoholics Anonymous" are the source of this versioned self-assessment.*