

# Is Your Recreational Drug Use Affecting Your Life?

Because recreational drug use can affect your health, relationships, job, and self-image, it is important that you understand how your use might be harming you. Complete this short questionnaire to learn more about your behaviors. Your answers will remain confidential, so please be honest.

## **Instructions:**

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past 12 months. In questions below, "drug use" refers to: (1) the use of prescribed or over-the-counter drugs in excess of the directions or (2) any recreational use of street drugs. Please consider your use of all substances, including: cannabis (e.g. marijuana, hash), sedatives (e.g. Valium), benzodiazepines ( , cocaine, stimulants (e.g. cocaine, methamphetamine, speed), hallucinogens (e.g. LSD, mushrooms) or narcotics (e.g. heroin, oxycodone, hydrocodone). Remember that the questions do not include alcoholic beverages.

- 1) Carefully read each statement and decide if your answer is "Yes" or "No."
- 2) Circle the appropriate response beside the question.
- 3) Return the completed form to Misti Storie to calculate and discuss your results.

These Questions Refer to the Past 12 Months			
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	Are you unable to stop using drugs when you want to?	Yes	No
4	Have you ever had blackouts or flashbacks as a result of drug use?	Yes	No
5	Do you ever feel bad or guilty about your drug use?	Yes	No
6	Does your spouse (or parents) ever complain about your involvement with drugs?	Yes	No
7	Have you neglected your family because of your use of drugs?	Yes	No
8	Have you engaged in illegal activities in order to obtain drugs?	Yes	No
9	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?	Yes	No
10	Have you had medical problems as a result of your drug use (eg, memory loss, hepatitis, convulsions, bleeding)?	Yes	No
Total			

*\*This form is adapted from the Drug Abuse Screen Test – 10 Questions.*