**SUBSTANCE ABUSE SCREENING CHECKLIST**

Check as many of the following item that fit you

1. \_\_\_\_ I frequently (once or twice daily) find that my conversation centers on drug or drinking experiences.
2. \_\_\_\_ I drink or get high to deal with sad mood, tension, or physical stress.
3. \_\_\_\_ Most of my friends or acquaintances are people I drink or get high with.
4. \_\_\_\_ I have lost days of work/school because of drinking or other drug use.
5. \_\_\_\_ I have had the shakes or other withdrawal symptoms when I don’t use substances or drink for a while.
6. \_\_\_\_ I regularly get high or take a drink upon awakening, before eating, or while at work/school.
7. \_\_\_\_ I have been arrested for Driving Under the Influence of a substance or alcohol.
8. \_\_\_\_ There are periods of time I can’t remember (i.e., blackouts).

1. \_\_\_\_ Family members think my drinking or drug use are a problem for me or have suggested I go to Alcoholic’s Anonymous, Narcotics Anonymous or rehab.

1. \_\_\_\_ I have said “I can quit any time I wan,” but tried to quit drinking or using drugs and could not. (A good test is voluntarily going for six weeks with using drugs or drinking without experiencing physical or emotional distress.)
2. \_\_\_\_ I often double up and/or gulp drinks or regularly use more drugs than others at social gatherings.
3. \_\_\_\_ I often drink or get high in order to “get ready” for social gatherings.

1. \_\_\_\_ I regularly hide my drinking/drug use from those who are close to me so that they will not know how much I am using.

1. \_\_\_\_ I often drink or get high when I am alone.
2. \_\_\_\_ My drinking/use of drugs had led to conflict with friends or family members.