

SUBSTANCE ABUSE SCREENING

Answer the 10 questions below. Be honest, by circling "yes" or "no".

1. Do you feel you are a normal drinker or substance user?
Yes or No
2. Do friends or relatives think you are a normal drinker or substance user? Yes or No
3. Have you ever attended a meeting of Alcoholics or Narcotics Anonymous? Yes or No
4. Have you ever lost friends, girlfriends/boyfriends or a spouse because of drinking or drug use? Yes or No
5. Have you ever gotten into trouble because of drinking or drug use? Yes or No
6. Have you ever had severe shaking, heard voices or seen things that weren't there after heavy drinking or drug use? Yes or No
7. Have you ever neglected your obligations, your family or your school/work for two or more days in a row because of drinking or drug use? Yes or No
8. Have you ever been in a hospital because of drinking or drug use? Yes or No
9. Have you ever gone to anyone for help about your drinking or drug use? Yes or No
10. Have you ever been arrested for driving while under the influence? Yes or No