

## Substance Abuse Self-Assessment

*Below are Alcoholics Anonymous' 20 questions for self-assessing alcohol or chemical abuse or dependency.*

1. Has anyone ever suggested you quit or cut back on your drug/alcohol use? \_\_Y \_\_N
2. Has drinking or using affected your reputation? \_\_Y \_\_N
3. Have you made promises to control your use and then broken them? \_\_Y \_\_N
4. Have you ever switched to different drinks or drugs or changed your using pattern in an effort to control or reduce your consumption? \_\_Y \_\_N
5. Have you ever gotten into financial, legal, or marital difficulties due to using? \_\_Y \_\_N
6. Have you ever lost time from work because of using or drinking? \_\_Y \_\_N
7. Have you ever sneaked or hidden your use? \_\_Y \_\_N
8. On occasion, do you feel uncomfortable if alcohol or your drug is not available?  
\_\_Y \_\_N
9. Do you continue drinking or using when friends or family suggest you have had enough?  
\_\_Y \_\_N
10. Have you ever felt guilty or ashamed about your drinking or using or what you did while under the influence? \_\_Y \_\_N
11. Has your efficiency decreased as a result of your drinking or using? \_\_Y \_\_N
12. When using or drinking, do you neglect to eat properly? \_\_Y \_\_N
13. Do you use or drink alone? \_\_Y \_\_N
14. Do you use or drink more than usual when under pressure, angry, or depressed?  
\_\_Y \_\_N
15. Are you able to drink or use more now compared to when you first started using? \_\_Y \_\_N
16. Have you lost interest in other activities or noticed a decrease in your ambition as a result of your drinking or using? \_\_Y \_\_N
17. Have you had the shakes or tremors following heavy drinking or using or not using for a period of time? \_\_Y \_\_N
18. Do you want to drink or use at a particular time each day? \_\_Y \_\_N
19. Do you go on and off the wagon? \_\_Y \_\_N
20. Is drinking or using jeopardizing your job? \_\_Y \_\_N