

Am I Abusing Substances?

Check "Yes" or "No" to the following items:

YES NO

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| _____ | _____ | 1. During the previous 12 month period, I have used substances continually or recurrently, resulting in a failure to meet important obligations at work, school or home, such as repeated absences, being late, having to be counseled due to poor performance, neglect of work or family/household responsibilities. |
| _____ | _____ | 2. During the previous 12 month period, I have used substances continually or recurrently in situations in which it is physically hazardous, such as driving an automobile or operating a machine while under the influence. |
| _____ | _____ | 3. During the previous 12 month period, I have experienced persistent or recurrent substance-related legal problems, such as DWI, public intoxication or disorderly conduct. |
| _____ | _____ | 4. During the previous 12 month period, I have continued to use a substance despite persistent or recurrent social or interpersonal problems caused or increased by the effects of the substance, such as arguments with spouse/significant other about consequences of intoxication or physical fights. |
| _____ | _____ | 5. During the previous 12 month period, my tolerance for a substance has increased to the point where I need more of the substance to achieve intoxication or desired effect, or I notice diminished effect with continued use of the same amount of the substance. |
| _____ | _____ | 6. During the previous 12 month period, I have experienced withdrawal from the substance or have taken the same or closely related substance in order to relieve or avoid withdrawal symptoms such as sweating, flu-like symptoms, headache, increased heart rate or elevated blood pressure. |

- _____ 7. During the previous 12 month period, I have often used the substance in larger amounts or over a longer period than was intended.
- _____ 8. During the previous 12 month period, I have experienced a persistent desire or unsuccessful effort to cut down or control my use of a substance.
- _____ 9. During the previous 12 month period, I have spent a great deal of time in activities necessary to obtain the substance, use the substance or recovering from the effects of the substance use, such as visiting multiple doctors, driving long distances, or using the substance too much for too long.
- _____ 10. During the previous 12 month period, important family, social, occupational, or recreational activities have been reduced or given up because of my substance use.
- _____ 11. During the previous 12 month period, I have continued use of the substance despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance use, such as drinking despite recognition that an ulcer or depression was made worse by alcohol consumption.

PLEASE REVIEW YOUR RESPONSES TO ITEMS #1 through #4: If you responded "Yes" to any one of items #1 through #4, you may very possibly have a substance abuse problem.

PLEASE REVIEW YOUR RESPONSES TO ITEMS # 5 through #11: If you responded "Yes" to any three (3) of items #5 through #11, you may very well possibly have a substance dependence problem.

We can help! Call the Richardson Regional Medical Center Helpline at 972-498-8500 for more information and/or a no cost evaluation for our chemical dependency services.