

# Drug Abuse Self Test

**Do You Have A Chemical Dependency Problem?** This questionnaire will only be meaningful if you are honest with yourself.

Do you lose time from work due to using drugs? Yes:  No:

Is using making your home life unhappy? Yes:  No:

Do you use drugs because you are shy with other people? Yes:  No:

Have you ever felt remorse after using? Yes:  No:

Have you ever gotten into financial difficulties as a result of your using? Yes:  No:

Do you turn to lower companions and an inferior environment when using? Yes:  No:

Does your using make you careless of your families welfare? Yes:  No:

Has your ambition decreased since using drugs? Yes:  No:

Do you crave drugs at a definite time daily? Yes:  No:

Does your using cause you to have difficulty sleeping? Yes:  No:

Is using jeopardizing your job or business? Yes:  No:

Do you use to escape from worries or troubles? Yes:  No:

Do you use drugs alone? Yes:  No:

Have you ever been to a hospital or institution because of drinking or using? Yes:  No:

**Key--One YES answer is a warning. Two YES answers, you probably are Chemically Dependent**