

Drug Abuse Screening Test

The following questions ask about your possible drug use over the last 12 months.

“Drug Abuse” refers to:

- The use of prescribed or over-the-counter drugs in a way that does not follow the directions.
- Any non-medical use of drugs.

Drugs may include:

- Marijuana
- Solvents, such as paint thinner
- Opioids, such as Percocet, Oxycontin, and Codeine
- Barbiturates, such as Valium and Xanax
- Stimulants, such as Ritalin, and Adderall
- Cocaine
- Methamphetamine
- Heroin

Please answer every question. Read each question and click the check box in the “Yes” or “No” column to the right. If you feel a question is hard to answer, choose the answer that you feel is mostly right.

These questions refer to the past 12 months	Yes	No
1. Have you used drugs other than those required for medical reasons?		
2. Do you use more than one drug at a time?		
3. Are you unable to stop using drugs when you want to?		
4. Have you ever had blackouts or flashbacks as a result of drug use?		
5. Do you ever feel bad or guilty about your drug use?		
6. Does your partner (or parents) ever complain about your involvement in drugs?		
7. Have you neglected your family because of your drug use?		
8. Have you engaged in illegal activities in order to obtain drugs?		
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
10. Have you had medical problems as a result of your drug use (for example, memory loss, hepatitis, convulsions, bleeding)?		
TOTAL		

If you answered **YES** to any of these questions, make an appointment with your doctor to discuss this.

If you answered **YES** to 4 or more of these questions, please call your doctor **immediately** to make an appointment.