

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_

Today’s Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Substance Use Screening Test**

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|  |  | Yes | No |
| 1. | Has alcohol or drug use ever caused problems with work, school or caring for your family? |  |  |
| 2. | Has your drinking or drug use ever created a problem in your relationships (fights with spouse and/or children, other problems with those you love)? |  |  |
| 3. | Have you ever had legal trouble because of your drug use or drinking (Possession, DUI, Public Intoxication, etc.)? |  |  |
| 4. | Has using caused you to make new friends and lose old friendships, or created an unsatisfying feeling of loneliness or isolation? |  |  |
| 5. | Do you seek inferior companions while drinking or using drugs? |  |  |
| 6. | Have you ever tried to quit drinking or using drugs? |  |  |
| 7. | Have you ever been hospitalized for drinking or using drugs? |  |  |
| 8. | Do you suffer from memory loss as a result of drinking or using drugs? |  |  |
| 9. | Do you often think about how or when you will next drink or use drugs? |  |  |
| 10. | Do you have cravings for alcohol or drugs first thing in the morning? |  |  |
| 11. | Is there any recurring time during the day when you find yourself thinking of drinking or using drugs? |  |  |
| 12. | Do you feel a lack of motivation that you once had because of drinking or using drugs? |  |  |
| 13. | Do you ever suffer from insomnia? |  |  |
| 14. | Do you ever suffer from blackouts? |  |  |
| 15. | Do you drink or use drugs when you are alone? |  |  |
| 16. | Do you ever feel guilty after drinking or using drugs? |  |  |
| 17. | Have you gained a reputation as a drinker, partier or drug user? |  |  |
| 18. | Do you try to overcome shyness or become more confident by drinking or using drugs? |  |  |
| 19. | Do you sometimes stay intoxicated or high on drugs for days at a time? |  |  |
| 20. | When sober, do you sometimes regret things you have said or done while under the influence of alcohol or drugs? |  |  |
| 21. | When talking with others, do you ever underestimate the use of your drug of choice? |  |  |

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| 22. | After a few drinks have you sometimes not eaten or been able to skip a meal because you didn’t feel hungry? | Yes | No |
| 23. | Does using help to decrease your shakiness, tremors, or other possible withdrawal symptoms? |  |  |
| 24. | Do you use to relax or calm your nerves? |  |  |
| 25. | Do you use to take your mind off your problems? |  |  |
| 26. | Have you ever increased your use of alcohol or drugs after a stressor in your life, such as the death of a loved one or loss of a job? |  |  |
| 27. | Has a doctor or nurse ever said they were worried or concerned about your substance use? |  |  |
| 28. | Have you ever made rules to manage your substance use? |  |  |
| 29. | When you feel lonely, does using help? |  |  |

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