



## Substance Abuse Symptom Checklist

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If you, your friend(s), or someone in your family is involved with substance abuse, the consequences can be either obvious or subtle. You (or others you are concerned about) can answer the following questions to see what kind of patterns of drug use may exist. (Since alcohol is a drug, these two words can be used interchangeably.)

**Circle yes or no to the following questions:**

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|---|-------|
| 1. Do I ever have problems at work or school such as attendance or grades/performance due to drinking/drug use? | Y / N |
| 2. Have I ever gotten into arguments or physical fights while under the influence of alcohol or drugs?          | Y / N |
| 3. Have I ever used more alcohol or drugs than I intended?  | Y / N |
| 4. Have I ever felt guilty about using alcohol or drugs?  | Y / N |
| 5. Have I ever been uncomfortable in social situations where I did not have alcohol or drugs?                   | Y / N |
| 6. Have I ever had trouble remembering what I did at a party where I drank or used drugs?                       | Y / N |
| 7. Do I plan things around alcohol/drugs?   | Y / N |
| 8. Do I get upset when my supply of alcohol or drugs is cut off or used up?                                     | Y / N |
| 9. Have I ever driven while under the influence of alcohol or drugs?  | Y / N |
| 10. Does it take more alcohol or drugs now to get me high than in the past?                                     | Y / N |
| 11. Do I ever justify or rationalize my use of alcohol/drugs?   | Y / N |
| 12. Do I use alcohol/drugs to get my day started?   | Y / N |
| 13. Do I wish I wouldn't use alcohol or drugs, but do anyway?   | Y / N |
| 14. Have I ever been depressed, angry, or lonely during periods of alcohol use?                                 | Y / N |
| 15. Have I ever experienced problems in my life from alcohol/drug use?  | Y / N |
| 16. Have I ever used alcohol/drugs to the point where someone has disapproved of it?                            | Y / N |
| 17. Do I tend to drink alone?   | Y / N |
| 18. Have I ever used alcohol or drugs to keep from worrying?  | Y / N |
| 19. Have I ever craved alcohol or drugs?  | Y / N |
| 20. Do I get irritated when someone wants to discuss my alcohol/drug use?                                       | Y / N |

If you have answered "Yes" to any of these questions on the checklist, you may have a substance use problem.

**For more information and resources to find help, talk with your doctor or call the 24/7 Treatment Referral Line at 1-800-662-HELP (4357), the 24/7 Addiction Hotline at 1-800-838-1752, or the Massachusetts Substance Abuse Information and Education Line at 1-800-327-5050.**