



Substance Abuse Assessment

Are you worried about yourself or a loved one?

- Myself
- Loved One

1. Do you or your loved one often use drugs in larger amounts or over a longer period of time than they intended?

- Yes
- No

2. Have you or your loved one expressed a desire to cut back on drugs or made unsuccessful attempts to do so?

- Yes
- No

3. Do you or your loved one spend a great deal of time finding, using, or recovering from substances?

- Yes
- No

4. Do you or your loved one crave or have strong urges to use drugs?

- Yes
- No

5. Have you or your loved one's use of substances negatively impacted their ability to meet their obligations at work, home, or school?

- Yes
- No

6. Have you or your loved one cut back on or abandoned social, professional, or recreational activities due to their use of drugs?

- Yes
- No

7. Have you or your loved one ever driven while intoxicated or used substances in other hazardous situations, such as before operating machinery?

- Yes
- No

8. Have you or your loved one experienced social or relationship problems due to their use of substances and kept using them anyway?

- Yes
- No

10. When you or your loved one attempts to cut back on or stop their use of substances, do you or they experience uncomfortable physical or mental health symptoms (withdrawal)?

- Yes
- No

11. Have you or your loved one experienced diminished effects when they use drugs compared to the past and/or have they needed more drugs in order to feel the effects they're seeking (tolerance)?

Yes

No

Severity of Substance Use Disorders

The DSM-5-TR allows clinicians to specify how severe or how much of a problem the substance use disorder is, depending on how many symptoms are identified.

- Mild: Two or three symptoms indicate a mild substance use disorder.⁵
- Moderate: Four or five symptoms indicate a moderate substance use disorder.
- Severe: Six or more symptoms indicate a severe substance use disorder.

Sources: American Addiction Center, DSM-5