

Substance Use Disorder Screening: Do you think you may have a problem? Take this quick screening which may help identify if you do. Then call [The South Suburban Council](#) to get further resources and help. 708.647.3333.

Do You Have a Substance Use Disorder?

Answer all 10 questions below and view our comments based on your answers.

1. Have you used drugs other than those required for medical reasons?	Yes	No
2. Do you abuse more than one drug at a time?	Yes	No
3. Are you always able to stop using drugs or alcohol when you want to?	Yes	No
4. Have you had “blackouts” or “flashbacks” as a result of drug or alcohol use?	Yes	No
5. Do you ever feel bad or guilty about your drug or alcohol use?	Yes	No
6. Does your spouse (or parent) ever complain about your involvement with drugs or alcohol?	Yes	No
7. Have you neglected your family because of your use of drugs or alcohol?	Yes	No
8. Have you engaged in illegal activities in order to obtain drugs or alcohol?	Yes	No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs or using alcohol?	Yes	No
10. Have you had medical problems as a result of your drug or alcohol use (e.g., memory loss, hepatitis, convulsions, bleeding etc...)?	Yes	No

<u>Score</u>	<u>Degree of Problem Related to Drug Abuse</u>	<u>Suggested Action</u>
0	No problems reported	None at this time.
1 – 2	Low Level Monitor	reassess at a later date.
3 – 5	Moderate Level	Further investigation is required.
6 – 8	Substantial Level	Assessment required.
9 – 10	Severe Level	Assessment required.

If you feel you might have a substance use disorder, you can speak to someone right now by calling **708.647.3333**

1. Do you feel that you need a drug (or alcohol) in order to function?
2. Is it hard for you to control your drug use?
3. Is it difficult for you to stay clean for several days at a time?
4. Do you use more than one drug at a time?
5. Have you ever lied about your use of drugs?
6. Do you ever use a drug by yourself?
7. Has your drug use made you isolate yourself from your friends and relatives?
8. Do you hide your drug use from your friends or relatives?
9. Do you use drugs to cope with your feelings or to avoid dealing with the problems in your life?
10. Does your drug use ever cause you to feel guilty, worried, trapped, lonely, sad, depressed, or hopeless about the future?
11. Does your drug use ever make you confused, incoherent, disorganized, disoriented, or cause you some memory loss?
12. Has your drug use caused you problems with motivation or concentration?
13. Does your drug use ever cause you to have difficulty paying attention at work, school, while doing your hobbies, or at home?
14. Does your drug use cause you physical, emotional, psychological, family, social, financial, or legal problems?
15. Have your loved ones ever complained that your drug use is damaging your relationship with them or do they criticize you for your drug use?
16. Do you ever get aggressive when you use a drug?
17. Does your drug use ever cause you to think about self-mutilation or ending your life?
18. Have you ever ended up in the hospital after using drugs?
19. Has anyone ever suggested to you that you go for a consultation to get help for your drug use?
20. Has your doctor ever told you to stop taking your prescribed medication because it could be harmful to you given your use of drugs?

IF YOU ANSWERED YES...

If you answered yes to even one of these questions, we encourage you to contact us to discuss whether you or your loved one may need substance use disorder treatment.