



Counseling Colorado, PLLC
Lauren Hughes, MA, LPC, NCC, LAC
www.counseling-colorado.com
lauren@counseling-colorado.com
4770 East Iliff Avenue, Suite 109
Denver, CO 80222
720-336-0030

DRUG ABUSE SCREENING TEST

For each item, please check the response that best describes how you have felt during the past 12 months.

- 1) Have you used drugs other than those required for medical reasons? ____ YES ____ NO
- 2) Have you abused prescription drugs? ____ YES ____ NO
- 3) Do you abuse more than one drug at a time? ____ YES ____ NO
- 4) Can you get through the week without using drugs? ____ YES ____ NO
- 5) Are you always able to stop using drugs when you want to? ____ YES ____ NO
- 6) Have you had "blackouts" or "flashbacks" as a result of drug use? ____ YES ____ NO
- 7) Do you ever feel bad or guilty about your drug use? ____ YES ____ NO
- 8) Does your spouse, significant other or parent(s) ever complain about your involvement with drugs? YES ____ NO
- 9) Has drug abuse created problems between you and your spouse/significant other/parent(s)? YES ____ NO
- 10) Have you lost friends because of your use of drugs? ____ YES ____ NO
- 11) Have you neglected your family because of your use of drugs? ____ YES ____ NO
- 12) Have you been in trouble at work because of your use of drugs? ____ YES ____ NO
- 13) Have you lost a job because of drug abuse? ____ YES ____ NO
- 14) Have you gotten into fights when under the influence of drugs? ____ YES ____ NO
- 15) Have you engaged in illegal activities in order to obtain drugs? ____ YES ____ NO
- 16) Have you been arrested for possession of illegal drugs? ____ YES ____ NO
- 17) Have you ever experienced withdrawal symptoms (feeling sick, etc.) when you stopped taking drugs? ____ YES ____ NO
- 18) Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding, etc.)? ____ YES ____ NO
- 19) Have you gone to anyone for help for a drug problem? ____ YES ____ NO
- 20) Have you been involved in a treatment program especially related to drug use? ____ YES ____ NO

Scoring

A score greater than 5 indicates substance abuse and/or dependency problems.

Score one point for each of the following responses:

1-3: Yes **4-5:** No **6:** Yes **7:** No **8-20:** Yes

Client Signature

Date

Client Signature

Date