

Do I Have a Problem with Drugs and/or Alcohol? Is My Life Being Controlled?

The purpose of this self-test is to enlighten you about your own level of drug and/or alcohol involvement. Please note that these questions can be used for drug or alcohol use.

- Do you ever use alone? Y N
- Have you ever substituted one drug for another, thinking that one particular drug was the problem? Y N
- Have you ever manipulated or lied to a doctor to obtain prescription drugs?
- Have you ever stolen drugs or stolen to obtain drugs? Y N
- Do you regularly use a drug (including nicotine) when you wake up or when you go to bed? Y N
- Have you ever taken one drug to overcome the effects of another? Y N
- Do you avoid people and places that do not approve of you using drugs? Y N
- Have you ever used a drug without knowing what it was or what it would do for you? Y N
- Has your job or school performance ever suffered from the effects of your drug use? Y N
- Have you ever been arrested as a result of using drugs? Y N
- Have you ever lied about what or how much you use? Y N
- Do you put the purchase of drugs ahead of your financial responsibilities? Y N
- Have you ever tried to stop or control your using? Y N
- Have you ever been in a jail, hospital or drug rehabilitation center because of your using? Y N
- Does using interfere with your sleeping or eating? Y N
- Does the thought of not having drugs worry you? Y N
- Do you feel it is impossible for you to live without your drug(s) of choice? Y N
- Do you feel depressed and/or suicidal because of your drug use? Y N
- Is your drug use making your social or home life unhappy? Y N
- Have you ever felt defensive, guilty, or ashamed about your using? Y N
- Do you think a lot about a certain drug or drugs? Y N
- Do you use drugs because of pain or stress? Y N
- Have you ever overdosed on any drug? Y N
- Have you ever blacked out on drugs? Y N
- Do you continue to use despite knowing its negative physical or psychological consequences? Y N
- Do you think you might have a drug problem? Y N

If you answered "yes" to over five of these questions, you might consider contacting a physician or the Council on Chemical Abuse at (610) 376-8669 for information on treatment options available in Berks County. After regular business hours, please contact the 24-hour Addiction Hotline (484) 628-8186 or Treatment Access and Services Center (TASC) at (610) 375-4426