

Prescription Drug Addiction : A Self Assessment

The purpose of this self-test is to enlighten you about your own level of prescription drug use. Please answer each question honestly, with a yes/no answer.

1. Have you ever manipulated or lied to a doctor to obtain prescription drugs? Y N
2. Have you ever stolen prescription drugs or stolen to obtain prescription drugs? Y N
3. Do you regularly use a prescription medication in a way that it is unintended (for example, increased dosage)? Y N
4. Have you ever taken one prescription drug to overcome the effects of another? Y N
5. Do you avoid people and places that do not approve of you using prescription drugs? Y N
6. Has your job or school performance ever suffered from the effects of your prescription drug use? Y N
7. Have you ever been arrested as a result of using prescription drugs? Y N
8. Have you ever lied about what or how much you use? Y N
9. Have you ever lied to a physician to obtain a prescription for drugs? Y N
10. Do you put the purchase of drugs ahead of your financial responsibilities? Y N
11. Have you ever tried to stop or control your using? Y N
12. Have you ever been in a jail, hospital or drug rehabilitation center because of your using? Y N
13. Does using interfere with your sleeping or eating? Y N
14. Does the thought of not having prescription drugs worry you? Y N
15. Do you feel it is impossible for you to live without your prescription drug(s)? Y N
16. Do you feel depressed and/or suicidal because of your prescription drug use? Y N
17. Is your prescription drug use making your social or home life unhappy? Y N
18. Have you ever felt defensive, guilty, or ashamed about your using? Y N
19. Do you think a lot about a certain prescription drug or drugs? Y N
20. Do you use prescription drugs because of pain or stress? Y N
21. Have you ever overdosed on any prescription drug/drug? Y N
22. Do you continue to use despite knowing its negative physical or psychological consequences? Y N
23. Do you think you might have a drug problem? Y N

If you answered “yes” to over three of these questions, you should contact a professional treatment provider 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 Reading Hospital Drug and Alcohol Hotline (484) 628-8186.