



INDEX OF DRUG INVOLVEMENT (IDI)

Name: _____ Today's Date: _____

This questionnaire is designed to measure your use of drugs. It is not a test so there are no right or wrong answers. Answer each item as carefully and as accurately as you can by placing a number beside each one as follows.

- 1 = None of the time
- 2 = Very rarely
- 3 = A little of the time
- 4 = Some of the time
- 5 = A good part of the time
- 6 = Most of the time
- 7 = All of the time

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1. _____ When I do drugs with friends, I usually have more than they do.
 2. _____ My family or friends tell me I take too many or too much drugs.
 3. _____ I feel that I use too much drugs.
 4. _____ After I've begun using drugs, it is difficult for me to stop.
 5. _____ I do not use drugs.
 6. _____ I feel guilty about my use of drugs.
 7. _____ When I do drugs, I get into fights.
 8. _____ My drug use causes problems with my family or friends.
 9. _____ My drug use causes problems with my work.
 10. _____ After I have been using drugs, I can't remember things that happened.
 11. _____ After I have been using drugs, I get the shakes.
 12. _____ My friends think I have a drug problem.
 13. _____ I do drugs to calm my nerves or make me feel better.
 14. _____ I do drugs when I am alone.
 15. _____ I do drugs so much that I pass out.
 16. _____ My drug use interferes with obligations to my family or friends.
 17. _____ I do drugs when things are not going well for me.
 18. _____ I can stop using drugs whenever I want to.
 19. _____ I do drugs before noon.
 20. _____ My friends think my level of drug use is acceptable.
 21. _____ I get mean and angry when I do drugs.
 22. _____ My friends avoid me when I am using drugs.
 23. _____ I avoid excessive use of drugs.
 24. _____ My personal life gets very troublesome when I do drugs.
 25. _____ I use drugs several times a week.