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

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. ______
4. ______
5. ______ I do not use drugs.
6. ______ I feel guilty about my use of drugs.
7. ______
8. ______
9. ______ My drug use causes problems with my work.
10. ______ After I have been using drugs, I cannot remember things that happened.
11. ______
12. ______
13. ______ I do drugs to calm my nerves or make me feel better.
14. ______ I do drugs when I am alone.
15. ______
16. ______
17. ______ I do drugs when things are not going well for me.
18. ______ I can stop using drugs whenever I want to.
19. ______
20. ______
21. ______ I get mean and angry when I do drugs.
22. ______ My friends avoid me when I am using drugs.
23. ______
24. ______
25. ______ I use drugs several times a week.

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