Empower and Reclaim Recovery
"Empowering Change. Reclaiming Lives"

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Substance Use Self-Assessment

Answer **Yes or No** to each question.

Use & Control

1. Do you use alcohol or drugs more often or in larger amounts than you intended?
2. Have you tried to cut down or stop using and found it difficult?
3. Do you spend a lot of time using, thinking about, or recovering from substances?

Impact on Life

4. Has your substance use affected your work, school, or daily responsibilities?
5. Has it caused problems in relationships with family, friends, or coworkers?
6. Have you continued using despite knowing it causes emotional, physical, or social problems?

Cravings & Dependence

7. Do you experience strong urges or cravings to use?
8. Do you need more of the substance to get the same effect (tolerance)?
9. Do you feel sick, anxious, irritable, or uncomfortable when you don't use (withdrawal)?

Risk & Consequences

10. Have you used in situations that could be dangerous (driving, caring for children, work)?
11. Have you done things while using that you later regretted?
12. Have others expressed concern about your use?

Scoring

- **0–1 Yes**: Low risk
- **2–3 Yes**: Mild concern — worth monitoring
- **4–5 Yes**: Moderate concern — substance use may be impacting your life
- **6 or more Yes**: High concern — professional support is strongly recommended

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Reflection Questions

- What role does substance use play in coping with stress or emotions?

- What changes have you noticed in yourself since using?
- What would life look like if substance use were no longer a problem?

Next Steps

If your answers raise concern:

- Consider speaking with a **licensed counselor or substance use professional**
- Attend a **support group** (NA, AA, SMART Recovery)
- Reach out to a trusted person for support
- If you’re in immediate distress or unsafe, seek urgent help