

## Drug Use Questionnaire

How does my drug\* use effect my life? \*(alcohol, marijuana and other drugs)

1. Has drug use interfered with my schoolwork or job?
2. Do I sometimes feel guilt or remorse about using drugs?
3. Do I use drugs alone?
4. Do I use drugs to cover up for shyness?
5. Has using drugs caused me legal problems such as being arrested?
6. Do I sometimes hide my drug use?
7. Am I often concerned about running out?
8. Have I sometimes failed to keep promises I made to myself about controlling or cutting down on my drug use?
9. Do I have a reputation as a pot head", "stoner" or "party-er."?"?
10. Do I use drugs to escape problems?
11. Is using drugs affecting my relationships?
12. Do I use drugs in the morning to start my day?
13. Do I sometimes use drugs heavily after a disappointment?
14. Have friends or family expressed concern about my drug use?
15. Do I sometimes use drugs at times or in situations that I later regret or feel were inappropriate?
16. Do I take risks just to use drugs (i.e. where I have a high risk of getting in trouble or caught)?
17. Do I ever feel depressed or anxious before, during or after periods of use?
18. Do most of the people I socialize with use drugs?
19. Do I use daily or at least five days a week or "binge" most weekends?

*If you are concerned about how your marijuana, alcohol and other drug use impact you, there are resources to help you to understand the role drugs play in your life and help you gain control. Call to make an appointment with a CEASE counselor at (415) 338-2208.*