

HOPE VALLEY
ADDICTION & WELLNESS

DO I HAVE A DRUG OR ALCOHOL PROBLEM?

ASK YOURSELF THE FOLLOWING QUESTIONS:

1	DO I OFTEN DRINK OR USE MORE THAN I PLANNED?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
2	HAVE I TRIED TO CUT DOWN, BUT COULDN'T?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
3	DO I SPEND A LOT OF TIME DRINKING, USING, OR RECOVERING?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
4	HAVE I MISSED WORK, SCHOOL, OR FAMILY RESPONSIBILITIES BECAUSE OF DRINKING OR DRUGS?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
5	DO I DRINK OR USE ALONE, OR IN SECRET?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
6	HAVE LOVED ONES EXPRESSED CONCERN ABOUT MY USE?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
7	DO I NEED MORE TO FEEL THE SAME EFFECT? (TOLERANCE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
8	DO I EXPERIENCE WITHDRAWAL SYMPTOMS (SHAKES, NAUSEA, ANXIETY) WHEN I STOP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
9	DO I NEED MORE TO FEEL THE SAME EFFECT? (TOLERANCE)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
10	DO I EXPERIENCE WITHDRAWAL SYMPTOMS (SHAKES, NAUSEA, ANXIETY) WHEN I STOP?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

IF YOU ANSWERED YES TO 2 OR MORE, IT MAY BE A SIGN OF A PROBLEM WORTH REACHING OUT FOR HELP.