

# Screening Tool for Substance Use Disorders

## Patient Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Gender: \_\_\_\_\_

## Substance Information

Substance Being Used: \_\_\_\_\_

Duration of Use: \_\_\_\_\_

## Screening Questions

Please respond to the following questions about your substance use. Your responses will help evaluate potential risks and the need for further assessment.

Questions	Yes	No
1. Do you need to use the substance more often than before to achieve the same effect?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have you tried to cut down or stop using the substance but couldn't?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you spend much time obtaining, using, or recovering from the substance?	<input type="checkbox"/>	<input type="checkbox"/>
4. Do you have strong urges or cravings to use the substance?	<input type="checkbox"/>	<input type="checkbox"/>
5. Do you continue using the substance despite it causing social or relationship problems?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you neglect home, work, or school responsibilities because of substance use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Has your substance use led to unsafe situations, such as driving under the influence?	<input type="checkbox"/>	<input type="checkbox"/>

8. When trying to quit, have you experienced withdrawal symptoms, such as agitation, anxiety, or tremors?	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you continue to use despite experiencing health problems due to substance use?	<input type="checkbox"/>	<input type="checkbox"/>
10. Has your tolerance to the substance increased significantly since you started using it?	<input type="checkbox"/>	<input type="checkbox"/>
11. Have you lost interest in activities you used to enjoy because of substance use?	<input type="checkbox"/>	<input type="checkbox"/>
12. Do you use the substance to avoid dealing with your problems?	<input type="checkbox"/>	<input type="checkbox"/>
13. Do you feel 'normal' only when you use the importance?	<input type="checkbox"/>	<input type="checkbox"/>
14. Have you faced legal trouble due to your substance use?	<input type="checkbox"/>	<input type="checkbox"/>
15. Have your family members, or friends expressed concern about your substance use?	<input type="checkbox"/>	<input type="checkbox"/>

### Interpretation

If you answered "Yes" to two or more of these questions, you may have a Substance Use Disorder (SUD). This is a preliminary screening and is not intended to diagnose an SUD. Please consult a healthcare professional for a comprehensive assessment and potential treatment options.

Remember, this tool is not a diagnostic instrument but a preliminary step toward identifying potential substance misuse. It's crucial to seek professional medical advice to understand the situation comprehensively.