

Maudsley Addiction Profile (MAP)

Name: _____

Age: _____

Instructions: Please complete the following sections to the best of your ability, reflecting your current experiences and thoughts.

Domain 1: Substance Use

How often do you use alcohol or drugs?

- Never
- Rarely
- Sometimes
- Often
- Very often

How do you feel about your substance use?

- In control
- Worried
- Guilty
- Anxious

Other: _____

Describe efforts to reduce or control substance use:

- None
- Minimal
- Some
- Considerable
- Extensive

Have you tried to quit or cut down substance use in the past year?

- No
- Once
- 2-3 times
- More than 3 times
- Repeatedly

Do you feel cravings or urges to use substances?

- Never
- Rarely
- Sometimes
- Often
- Very often

Have you experienced difficulties in managing your substance use?

- Not at all
- A little
- Moderately
- Quite a bit
- Very much

Are you able to control the amount of substances you use?

- Never
- Rarely
- Sometimes
- Often
- Very often

Have you noticed an increase in tolerance?

- Not at all
- A little
- Moderately

- Quite a bit
- Very much

Have you experienced withdrawal symptoms when not using substances?

- Never
- Rarely
- Sometimes
- Often
- Very often

Have you continued to use substances despite physical or psychological problems?

- Never
- Rarely
- Sometimes
- Often
- Very often

Domain 2: Health Risk

Have you engaged in risky behaviors while using substances?

- Never
- Rarely
- Sometimes
- Often
- Very often

Are you concerned about potential health problems due to substance use?

- Not at all
- A little
- Moderately
- Quite a bit
- Very much

List health concerns related to your substance use:

Have you experienced accidents or injuries while under the influence?

- No
- Once
- 2-3 times
- More than 3 times
- Repeatedly

Are you aware of the risk of overdose associated with your substance use?

- Not at all
- A little
- Moderately
- Quite a bit
- Very much

Domain 3: Physical/Psychological Health

Rate your energy levels:

- Very low
- Low
- Moderate
- High
- Very high

Describe your sleep quality:

- Excellent
- Good
- Fair

- Poor
- Very poor

How often do you experience mood swings or emotional distress?

- Never
- Rarely
- Sometimes
- Often
- Very often

Have you noticed changes in your appetite due to substance use?

- Not at all
- Somewhat
- Moderately
- Very
- Extremely

Describe any physical symptoms or discomfort related to substance use:

Domain 4: Personal/Social Functioning

How has substance use impacted your relationships with family and friends?

- Not at all
- A little
- Moderately
- Quite a bit
- Very much

Are you able to fulfill your work, school, or household responsibilities?

- Never
- Rarely
- Sometimes
- Often
- Very often

Describe any legal or financial problems due to substance use:

Do you find yourself spending less time on activities you once enjoyed?

- Never
- Rarely
- Sometimes
- Often
- Very often

Have you neglected hobbies or interests due to substance use?

- Never
- Rarely
- Sometimes
- Often
- Very often

Are you satisfied with your current level of social engagement?

- Very dissatisfied
- Dissatisfied
- Neutral
- Satisfied
- Very satisfied

Describe the impact of substance use on your social interactions:

Have you experienced difficulties in managing your personal finances due to substance use?

- Not at all
- A little
- Moderately
- Quite a bit
- Very much

How well do you handle stress or challenges in your life currently?

- Very poorly
- Poorly
- Moderately
- Well
- Very well

Reflect on how substance use has influenced your personal growth and development:

Comments: