Substance Abuse Assessment

Name: Michael Johns

Date: 03/23/2026

Age: 19

Gender: Male

Marital status: Single

Instructions:

The purpose of this evaluation is to understand your substance use patterns and assess the potential presence of substance use disorder. Please answer each question honestly and to the best of your ability. Your responses will be kept confidential.

Question	Yes	No
1. Have you ever used alcohol or drugs?	☑	☐
2. Do you currently use any substances?	☑	☐
3. Have you ever experienced negative consequences as a result of substance use?	☑	☐
4. Do you find it challenging to control or stop your substance use?	☐	☑
5. Have you ever tried to cut down on your substance use without success?	☐	☑
6. Do you spend a lot of time obtaining, using, or recovering from substance use?	☐	☑
7. Have you ever neglected important responsibilities because of substance use?	☑	☐
8. Have you continued using substances despite knowing they are causing problems in your life?	☑	☐

9. Have you experienced withdrawal symptoms when you stop using substances?	☐	☑
10. Do you feel the need to use substances to cope with stress or emotions?	☑	☐
11. Have you ever engaged in risky behaviors while under the influence of substances?	☐	☑
12. Do you find yourself craving or feeling a strong urge to use substances regularly?	☑	☐
13. Have you experienced conflicts or arguments with family or friends due to your substance use?	☐	☑
14. Have you neglected or lost interest in activities that were once important to you because of substance use?	☑	☐
15. Do you continue using substances even if it leads to physical or mental health problems?	☑	☐
16. Have you ever lied or deceived others about your substance use?	☑	☐
17. Do you find it difficult to function without using substances, even for a short period?	☐	☑
18. Have you tried to keep your substance use a secret from others?	☑	☐
19. Do you find yourself needing more of the substance to achieve the desired effect (tolerance)?	☑	☐
20. Have you experienced financial difficulties as a result of spending money on substances?	☑	☐
	Total Score:	13

Scoring:

After completing the assessment, we will analyze and score your responses to determine the severity of any substance issues. The scoring will help guide the appropriate treatment plan, if necessary.

Score Interpretation:

Score of 0-4: No indication of substance abuse problems.

Score of 5-9: Possible substance abuse problems.

Score of 10-14: Moderate substance abuse problems.

Score of 15-19: Severe substance abuse problems.

Score of 20: Very severe substance abuse problems.