



This test is designed for personal reflection and is **not a diagnostic tool**. It is important to note that only an experienced professional can provide a definitive diagnosis. If your answers cause concern, we encourage you to reach out for professional help.

### **How to Use This Tool**

Read each statement below and answer either Yes or No based on your recent experiences. Keep track of the number of Yes responses. After completing the test, review the suggested interpretation guidelines. Remember: this test is for self-reflection and to help you decide if you might benefit from a professional evaluation.

#### **Unsuccessful Attempts to Stop:**

Have you tried to cut down or stop using the substance or engaging in the behavior, but found it difficult or impossible?

#### **Increasing Tolerance:**

Do you find that you need higher amounts of the substance or more intense engagement in the behavior to feel the desired effect?

#### **Withdrawal Symptoms:**

When you try to stop or reduce use, do you experience discomfort such as anxiety, irritability, shaking, or sleep disturbances?

#### **Preoccupation:**

Do you spend a significant part of your day thinking about, planning, or preparing for the substance/behavior use?

**Neglect of Responsibilities:**

Has your use interfered with your work, studies, home responsibilities, or relationships?

**Risky Behavior:**

Have you engaged in activities that put your safety or well-being at risk (e.g., driving under the influence, unsafe practices) in order to obtain or use the substance or participate in the behavior?

**Social Isolation:**

Do you find yourself avoiding or withdrawing from social and recreational activities because of your substance or behavior use?

**Continued Use Despite Harm:**

Do you continue to use the substance or engage in the behavior even though you're aware it's causing health, financial, or relationship problems?

**Denial or Minimization:**

Have you made excuses and downplayed the significance of your use, convincing yourself that it is not a problem?

**Dependence on Use for Coping:**

Do you feel emotionally or physically dependent on the substance or behavior to cope with stress or daily challenges?



## Scoring Your Responses

### **0-3 Yes Answers:**

This may indicate that you are not experiencing major issues related to addiction. Suggestion: Continue to monitor your behavior and practice healthy self-care.

### **4-6 Yes Answers:**

This suggests a moderate risk of addiction. Suggestion: Consider seeking advice or counseling to explore these concerns further.

### **7 or More Yes Answers:**

A high number of Yes responses may indicate that you are experiencing signs of addiction. Suggestion: It is advisable to consult with a healthcare professional or addiction specialist for a comprehensive evaluation.

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### **Final Note**

**If you or a loved one needs support, reach out today—help is available. Remember, recognizing these signs is a positive step toward healing. Strength in Recovery is here to guide you towards the support and care you deserve.**

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