

Drug Use Screening Test

Please complete all questions. Do NOT include medication (like pain medication or sedatives) prescribed by your doctor and taken as prescribed.

Question 1

Which of the following substances have you EVER used?	No	Yes
a. Tobacco products		
b. Alcoholic drinks		
c. Cannabis		
d. Cocaine		
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)		
f. Sedatives (benzodiazepines, barbiturates etc)		
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)		
h. Opioids (Heroin, morphine, codeine, methadone)		
i. Other - specify:		

Please continue with question 2 if you ticked yes to at least one substance

Question 2

In the PAST 3 MONTHS, how often have you used the following substances?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a. Tobacco products	0	2	3	4	6
b. Alcoholic drinks	0	2	3	4	6
c. Cannabis	0	2	3	4	6
d. Cocaine	0	2	3	4	6
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)	0	2	3	4	6
f. Sedatives (benzodiazepines, barbiturates etc)	0	2	3	4	6
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)	0	2	3	4	6
h. Opioids (Heroin, morphine, codeine, methadone)	0	2	3	4	6
i. Other	0	2	3	4	6

If "Never" to all items please skip to question 6, otherwise continue with question 3

Question 3

During the PAST 3 MONTHS, how often have you had a strong urge or desire to use any of the following substances?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a. Tobacco products	0	3	4	5	6
b. Alcoholic drinks	0	3	4	5	6
c. Cannabis	0	3	4	5	6
d. Cocaine	0	3	4	5	6
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)	0	3	4	5	6
f. Sedatives (benzodiazepines, barbiturates etc)	0	3	4	5	6
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)	0	3	4	5	6
h. Opioids (Heroin, morphine, codeine, methadone)	0	3	4	5	6
i. Other	0	3	4	5	6

Question 4

In the PAST 3 MONTHS, how often has your use of any of the following substances led to health, social, legal or financial problems?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a. Tobacco products	0	4	5	6	7
b. Alcoholic drinks	0	4	5	6	7
c. Cannabis	0	4	5	6	7
d. Cocaine	0	4	5	6	7
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)	0	4	5	6	7
f. Sedatives (benzodiazepines, barbiturates etc)	0	4	5	6	7
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)	0	4	5	6	7
h. Opioids (Heroin, morphine, codeine, methadone)	0	4	5	6	7
i. Other	0	4	5	6	7

Question 5

In the PAST 3 MONTHS, how often have you failed to do what was normally expected of you because of your use of any of the following substances?	Never	Once or twice	Monthly	Weekly	Daily or almost daily
a. Tobacco products					
b. Alcoholic drinks	0	5	6	7	8
c. Cannabis	0	5	6	7	8
d. Cocaine	0	5	6	7	8
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)	0	5	6	7	8
f. Sedatives (benzodiazepines, barbiturates etc)	0	5	6	7	8
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)	0	5	6	7	8
h. Opioids (Heroin, morphine, codeine, methadone)	0	5	6	7	8
i. Other	0	5	6	7	8

Question 6

Has a friend or relative EVER expressed concerns about your use of any of the following substances?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	6	3
b. Alcoholic drinks	0	6	3
c. Cannabis	0	6	3
d. Cocaine	0	6	3
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)	0	6	3
f. Sedatives (benzodiazepines, barbiturates etc)	0	6	3
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)	0	6	3
h. Opioids (Heroin, morphine, codeine, methadone)	0	6	3
i. Other	0	6	3

Question 7

Have you EVER tried and failed to control, cut down or stop using any of the following substances?	No, never	Yes, in the past 3 months	Yes, but not in the past 3 months
a. Tobacco products	0	6	3
b. Alcoholic drinks	0	6	3
c. Cannabis	0	6	3
d. Cocaine	0	6	3
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)	0	6	3
f. Sedatives (benzodiazepines, barbiturates etc)	0	6	3
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)	0	6	3
h. Opioids (Heroin, morphine, codeine, methadone)	0	6	3
i. Other	0	6	3

How to calculate risk?

For each substance (labelled a. to i.) add up your scores for questions 2 to 7 inclusive. Note that for question 5 tobacco is not coded.

Substance	Score	Risk Level
a. Tobacco products		0 – 3 Low 4 – 26 Moderate 27 + High
b. Alcoholic drinks		0 – 10 Low 11 – 26 Moderate 27 + High
c. Cannabis		0 – 3 Low 4 – 26 Moderate 27 + High
d. Cocaine		0 – 3 Low 4 – 26 Moderate 27 + High
e. Amphetamine type stimulants (Speed, ice, meth, ecstasy etc)		0 – 3 Low 4 – 26 Moderate 27 + High
f. Sedatives (benzodiazepines, barbiturates etc)		0 – 3 Low 4 – 26 Moderate 27 + High
g. Hallucinogens (LSD, magic mushrooms, Ketamine etc)		0 – 3 Low 4 – 26 Moderate 27 + High
h. Opioids (Heroin, morphine, codeine, methadone)		0 – 3 Low 4 – 26 Moderate 27 + High
i. Other - specify		0 – 3 Low 4 – 26 Moderate 27 + High

What does your score mean?	
Low:	<p>There is no completely safe level of drug use. Any use, even one-off, can cause both short and long term harm. Inform yourself and make wise choices to minimise your risks. Links to some sources of unbiased and up to date information</p>
Moderate:	<p>You are at some risk of health and other problems from your current pattern of use.</p> <p>If you need help with quitting or cutting down, or you would like to get some information about ways of reducing your risks, contact the Alcohol and Drug Information Service (ADIS) in your State</p>
High:	<p>You are at a high or very high risk of experiencing severe problems (health, social, financial, legal, relationship) as a result of your current pattern of use and are likely to be dependent.</p> <p>For information about where to get help contact the Alcohol and Drug Information Service (ADIS) in your State</p>

Adapted from World Health Organisation 1997