Self-Assessment for Understanding Addiction

***Instructions**: This self-assessment is designed to help you explore and reflect on various aspects of your life that may be related to substance use or addictive behaviors. The questions are divided into different sections to cover your behaviors, emotions, thoughts, social influences, and overall well-being. This tool is intended to provide insights into your personal patterns and help you identify areas where you may need support or intervention. Remember, this assessment is for your personal use, and it's important to answer honestly for the best results.*

Section 1: Substance Use and Behavioral Patterns

Frequency and Quantity:

How often do you use substances (e.g., alcohol, drugs) or engage in behaviors (e.g., gambling, internet use) that you feel may be problematic?

[ ] Never
[ ] Occasionally (1-3 times per month)
[ ] Weekly (1-2 times per week)
[ ] Frequently (3-5 times per week)
[ ] Daily

On average, how much of the substance do you consume, or how long do you engage in the behavior during a typical session?

[ ] Small amounts/brief periods
[ ] Moderate amounts/moderate periods
[ ] Large amounts/prolonged periods
[ ] Excessive amounts/very long periods

Situational Use

In what situations are you most likely to use substances or engage in this behavior? (Select all that apply)

[ ] When alone
[ ] During social gatherings
[ ] In response to stress or anxiety
[ ] When feeling bored or lonely
[ ] After a long day at work or school
[ ] Other: _____

Control and Cravings

Do you feel that you can control your use of the substance or behavior?
[ ] Yes, I am in control
[ ] Sometimes, but it's difficult
[ ] No, I often feel out of control

How often do you experience cravings for the substance or behavior?
[ ] Rarely or never
[ ] Occasionally
[ ] Frequently
[ ] Almost constantly

How often do you find yourself using substances (alcohol, drugs) as a way to relax or escape from stress?
[ ] Never
[ ] Rarely
[ ] Sometimes
[ ] Often
[ ] Always

Do you engage in any behaviors that you feel compelled to continue even though they may have negative consequences (e.g., gambling, excessive internet use)?
[ ] Never
[ ] Rarely
[ ] Sometimes
[ ] Often
[ ] Always

Section 2: Emotional and Psychological Impact

Emotional State

How do you typically feel before engaging in substance use or the behavior?
[ ] Calm and relaxed
[ ] Stressed or anxious
[ ] Depressed or sad
[ ] Excited or anticipating pleasure
[ ] Indifferent or out of habit

How do you feel after engaging in substance use or the behavior?
[ ] Relaxed and content
[ ] Guilty or ashamed
[ ] Energized and happy
[ ] Numb or disconnected
[ ] Regretful or depressed

Coping Mechanisms

Do you use substances or engage in behaviors as a way to cope with difficult emotions or situations?

[ ] Never
[ ] Rarely
[ ] Sometimes
[ ] Often
[ ] Always

Are there other coping mechanisms you use in addition to or instead of substance use or the behavior? (Select all that apply)

[ ] Exercise
[ ] Talking to friends or family
[ ] Hobbies or creative activities
[ ] Professional counseling or therapy
[ ] Meditation or relaxation techniques
[ ] None, I primarily rely on the substance/behavior

Mental Health

Do you have any diagnosed mental health conditions (e.g., depression, anxiety, PTSD)?

[ ] Yes
[ ] No
[ ] I'm not sure

How do you feel your substance use or behavior impacts your mental health?

[ ] It improves my mental health
[ ] It has little to no impact
[ ] It negatively affects my mental health
[ ] It makes my mental health conditions worse

Section 3: Social and Environmental Influences

Social Environment

Who are you most often with when you use substances or engage in the behavior?

[ ] Alone
[ ] With close friends
[ ] With a partner or family members
[ ] With coworkers or acquaintances
[ ] In a group or social setting

How do those around you react to your substance use or behavior?
[ ] They support it or join in
[ ] They are concerned but say nothing
[ ] They express concern and ask me to stop
[ ] They are unaware of my use/behavior
[ ] They discourage it

Do you feel pressured by others to use substances or engage in certain behaviors?
[ ] Never
[ ] Rarely
[ ] Sometimes
[ ] Often
[ ] Always

Has anyone in your extended family (grandparents, aunts, uncles, cousins) struggled with substance use or addiction?
[ ] Yes
[ ] No
[ ] I'm not sure

Do you have a close family member (parent, sibling) who has struggled with substance use or addiction?
[ ] Yes
[ ] No
[ ] I'm not sure

Environmental Factors
Does your physical environment (home, work, social settings) contribute to your substance use or behavior?
[ ] Yes, it encourages or facilitates it
[ ] Somewhat, but I can resist if needed
[ ] No, my environment does not influence me

Are there certain places or situations that trigger your substance use or behavior?
[ ] Yes, specific places or events trigger it
[ ] Sometimes, depending on my mood or company
[ ] No, I don't have specific triggers

Impact on Relationships
How has your substance use, or behavior affected your relationships with others?
[ ] It has not affected my relationships
[ ] It has strengthened some relationships
[ ] It has caused tension or conflict
[ ] It has damaged or ended relationships
[ ] I avoid relationships due to my use/behavior

Section 4: Physical Health and Well-being

Physical Health

Have you noticed any physical health issues that may be related to your substance use or behavior?

[ ] No, I haven't noticed any issues
[ ] Minor issues (e.g., occasional headaches, fatigue)
[ ] Moderate issues (e.g., frequent illness, weight changes)
[ ] Severe issues (e.g., chronic pain, organ damage)

How often do you experience physical symptoms (e.g., nausea, headaches, fatigue) after using substances or engaging in the behavior?

[ ] Never
[ ] Rarely
[ ] Sometimes
[ ] Often
[ ] Always

Impact on Daily Life

Does your substance use or behavior interfere with your daily responsibilities (e.g., work, school, family)?

[ ] No, it does not interfere
[ ] Occasionally, but I manage
[ ] Frequently, it disrupts my responsibilities
[ ] Almost always, I struggle to meet obligations

How does your substance use or behavior affect your sleep patterns?

[ ] No effect, I sleep normally
[ ] Slight effect, occasionally disrupts sleep
[ ] Moderate effect, often affects sleep
[ ] Severe effect, constantly disrupts sleep

Section 5: Cognitive Patterns and Beliefs

Perception of Use/Behavior

How do you view your substance use or behavior in terms of it being a problem?

[ ] I don't see it as a problem
[ ] I'm unsure if it's a problem
[ ] I think it might be a problem
[ ] I'm certain it's a problem, but I'm not ready to change
[ ] I'm certain it's a problem and want to change

What thoughts do you typically have just before engaging in the behavior or using substances?
[ ] I deserve this as a reward
[ ] I need this to feel better
[ ] It's just a habit; I can stop anytime
[ ] I know I shouldn't, but I can't resist
[ ] I'm doing this to cope with my problems

B**eliefs About Change**
How confident are you in your ability to reduce or stop your substance use or behavior?
[ ] Very confident
[ ] Somewhat confident
[ ] Unsure
[ ] Not very confident
[ ] Not confident at all

What do you believe is the biggest obstacle to changing this behavior or substance use?
[ ] Lack of support or resources
[ ] Fear of withdrawal symptoms
[ ] Social pressure or environment
[ ] Emotional dependency
[ ] Lack of motivation or willpower

Section 6: Motivation and Readiness for Change

Motivation Levels
How motivated are you to make changes to your substance use or behavior?
[ ] Not motivated
[ ] Slightly motivated
[ ] Moderately motivated
[ ] Very motivated
[ ] Extremely motivated

What are your main reasons for wanting to change? (Select all that apply)
[ ] To improve my physical health
[ ] To enhance my mental well-being
[ ] To repair or strengthen relationships
[ ] To achieve personal or professional goals
[ ] To regain control over my life

Readiness to Act

Are you ready to take action to reduce or stop your substance use or behavior?

[ ] Yes, I'm ready to start now
[ ] I'm considering it but need more time
[ ] It's just a habit; I can stop anytime
[ ] I'm not ready and don't plan to change

What steps are you willing to take to begin making changes? (Select all that apply)

[ ] Seek professional counseling or therapy
[ ] Join a support group
[ ] Set specific goals and track progress
[ ] Develop healthier coping mechanisms
[ ] Reduce or avoid triggers in my environment

How satisfied are you with your overall life situation (e.g., job, relationships, health)?

[ ] Very Unsatisfied
[ ] Unsatisfied
[ ] Neutral
[ ] Satisfied
[ ] Very Satisfied

Reflection and Next Steps

After completing this self-assessment:

- *Review Your Responses:* Take some time to go over your answers. Consider how your substance use or behavior is impacting different areas of your life.
- *Identify Key Areas of Concern:* Pay attention to patterns, triggers, and areas where you feel most affected. These are the areas that may need the most attention or support.
- *Set Goals:* If you're ready to make changes, start by setting one or two specific, achievable goals. For example, reducing the frequency of use or finding alternative coping strategies.
- *Seek Support:* If you feel overwhelmed or unsure about how to make changes on your own, consider reaching out to a therapist, counselor, or support group for guidance.

Disclaimer: This self-assessment is a tool for personal reflection and is not intended to diagnose or replace professional evaluation. If you have concerns about your substance use or behavior, it is important to seek help from a qualified healthcare provider or addiction specialist.

Facilitation Instructions

The Self-Assessment for Understanding Addiction is designed to help clients reflect on their relationship with substance use, recognize potential signs of addiction, and understand how their behavior and thought patterns may be contributing to their current situation. This tool is valuable for raising self-awareness and guiding further discussion and treatment planning.

- ***When to Use:***
  - Use the Self-Assessment early in the treatment process, especially if the client is in the precontemplation or contemplation stage of change and may not fully recognize the extent of their addiction.
  - It can also be used periodically to help clients reflect on their progress and any changes in their understanding of their addiction.
- ***Preparation:***
  - Review the assessment beforehand to familiarize yourself with the questions and the key themes that will be covered. Be prepared to discuss any terms or concepts that might be unfamiliar or challenging for the client.
- ***Administering the Symptom Checker:***
  - Explain to the client that the Self-Assessment for Understanding Addiction is designed to help them explore their relationship with substances and identify any patterns of behavior that may indicate addiction.
  - Emphasize that the assessment is a tool for self-reflection and is not meant to diagnose or label. It's an opportunity for the client to gain insight into their own experiences and behaviors.
  - Encourage the client to answer each question honestly and thoughtfully, reflecting on their personal experiences and feelings. Stress that there are no right or wrong answers—just their own perspectives.
- ***Reviewing the Results:***
  - Start the discussion by asking the client how they felt while completing the assessment. Were there any questions that resonated with them or that they found difficult to answer?
  - Explore the client's responses in more detail, especially those that suggest problematic behavior or thoughts. For example, if the client acknowledges using substances to cope with stress, discuss how this pattern has developed and its impact on their life.

- Encourage the client to reflect on what they have learned from the assessment. Ask open-ended questions to facilitate deeper insight, such as, “How do you think these behaviors have affected your relationships?” or “What does this tell you about your readiness to change?”
- Relate the results to the client’s current situation and goals. If the client is in the early stages of recovery, use the assessment to highlight areas where they may need additional support or resources.

- ***Next Steps:***
  - Use the insights from the assessment to guide the development of the client’s treatment plan. Identify key areas that need attention, such as triggers, coping strategies, or motivation for change.
  - Set specific goals based on the assessment results. For example, if the client acknowledges using substances to cope with emotions, focus on developing healthier coping mechanisms in future sessions.
  - Reinforce the value of self-reflection and understanding in the recovery process. Acknowledge the client’s efforts in completing the assessment and exploring their behavior.