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## ARE YOU CHEMICALLY DEPENDENT?

Ask yourself the following questions and answer them as honestly as you can.

	<u>YES</u>	<u>NO</u>
1. Have you ever skipped school or class to get high?	_____	_____
2. I try to keep others from knowing how much I drink/use drugs.	_____	_____
3. I get drunk/stoned when I didn't intend to.	_____	_____
4. Are your friends hassling you about getting high?	_____	_____
5. Have you ever felt bad after using drugs or alcohol?	_____	_____
6. Does using cause you money problems?	_____	_____
7. Do you pick your friends by their use of drugs and/or alcohol?	_____	_____
8. Does your use of drugs make you careless of your family's welfare?	_____	_____
9. Have you stopped doing things because you use drugs or alcohol?	_____	_____
10. Do you crave (want) to get high at a certain time daily?	_____	_____
11. I drink/use drugs first thing when I get up after sleep.	_____	_____
12. Does using cause you to have difficulty sleeping or staying awake?	_____	_____
13. Once I start drinking/drugging, it's difficult for me to stop.	_____	_____
14. Has using caused you to drop out of school, or is it risking your job?	_____	_____
15. I'm able to drink/drug more than I used to.	_____	_____
16. Do you get high alone?	_____	_____
17. Have you ever had a loss of memory as a result of using?	_____	_____
18. Has a doctor ever treated you for anything because of using?	_____	_____
19. I eat little or irregularly while drinking/drugging.	_____	_____
20. Have you ever been to a hospital/institution because of drugs or drinking?	_____	_____

Any yes answers are cause for concern. 3 or more yes's are a strong indication of need for professional help.