

**SELF-EVALUATION OF DRUG USE**  
**William R. Miller and Claus-Peter Appel**

**INSTRUCTIONS:**

**This booklet is meant to help you in a process of self-evaluation. You will be considering both positive and negative aspects of the ways in which you have used drugs.**

**This self-evaluation consists of 15 questions about how various drugs can affect people. Each question is in the form of a short paragraph, which you should read carefully. Then, for up to four different drugs that you have been using, answer honestly by choosing which of five statements applies best to you.**

**Do not make any marks on this booklet. Instead, write your answers on the separate answer sheet. Your answers will be kept confidential.**

**First, from the following list, choose the four drugs that you use the most, or about which you are most concerned.**

- Alcohol
- Cocaine (including crack)
- Downers
- Hallucinogens (like LSD)
- Heroin
- Marijuana
- Sniffing (glue, gas, etc.)
- Steroids
- Tobacco
- Tranquilizers
- Uppers
- or any OTHER drug that you use

**Write the names of these four drugs on the lines at the top of your answer sheet. For example, if the four drugs you use the most (or are concerned about most) were marijuana, alcohol, cocaine, and uppers, you would write:**

<b>TYPES OF DRUGS ---&gt;</b>	<b>Drug #1</b>	<b>Drug #2</b>	<b>Drug #3</b>	<b>Drug #</b>
	<b>Marijuana</b>	<b>Alcohol</b>	<b>Cocaine</b>	<b>Uppers</b>

**After you have written up to four types of drugs on the lines next to the arrow on your answer sheet, turn the page and read Paragraph A. Then decide which of the five statements below is most true for you now, as applied to each of the drugs you have listed. Your answers can be different for different drugs. When you have written your answers for all of the drugs for Paragraph A, go on B, and so on until you have finished all fourteen paragraphs.**

## **A. AMOUNT**

People differ widely in how much they use different drugs. Some people avoid the drug altogether. Some use only a little. Others use more. Sometimes it is hard to tell how much is "too much." What do YOU think about your present use of each of the drugs you have named on your self-evaluation sheet? For each of the drugs you have named, choose the number of the statement that is most true for you now. The choices are:

1. I definitely use too much.
2. I probably use it too much.
3. I am not sure.
4. I probably do not use too much.
5. I definitely do not use too much.

Write your answers on your self-evaluation sheet now, on line A.

---

If you're not clear how to write your answers, here is an example. Suppose that a person had written marijuana, alcohol, cocaine, and uppers on the sheet. If this person thought:

- I probably use marijuana too much. (2)
- I am not sure if I use alcohol too much. (3)
- I definitely use cocaine too much. (1)
- I probably do not use uppers too much. (4)

the person would write these answers:

If you do not understand how to write your answers, ask for assistance now before you go any further.

---

## **B. Your BEHAVIOR**

Drug use can affect how people act - their behavior. Some people get into trouble with the law, neglect their responsibilities, have financial problems, have to move, or perhaps embarrass themselves. Other people feel that drug use has positive effects on their behavior: they get along better, or fit in with others. Overall, what effect has your use of each drug had on your behavior?

1. I think it has had a very negative effect on my behavior.
2. I think it has have a somewhat negative effect on my behavior.

3. I think it has had no effect at all on my behavior.
4. I think it has had a somewhat positive effect on my behavior.
5. I think it has had a very positive effect on my behavior.

Write your answers for each drug on your self-evaluation sheet now, on line B.

### C. COPING with Life Problems

Some people run into problems in their lives because of their drug use. When using, they are less able to cope with day-to-day difficulties. They use drugs to try to forget their troubles, but in the long run it may not solve anything or may make things worse. For others, drug use seems to help them cope with life problems, and not just avoid them. Life seems less troublesome when using, and problems are fewer. How is it for you, with each of the drugs you use?

1. I think using this drug has made my life problems much worse.
2. I think using this drug has made my life problems a little worse.
3. I think this drug has had no effect on my life problems one way or the other.
4. I think using this drug has helped me cope with life problems a little better.
5. I think using this drug has helped me cope with life problems a lot better.

Write your answers for each drug on your self-evaluation sheet now, on line C.

### D. DEPENDENCE (Addiction)

It is possible to become addicted to (dependent on) a drug. When a person becomes dependent on a drug, they have difficulty going without it. When they stop using it, they feel uncomfortable or sick and want to start using again, to make them feel better. Not everyone becomes addicted or dependent, however; some use a drug without dependence or addiction. They can take it or leave it. What do you think about how dependent you are on each of the drugs you use?

1. I am definitely dependent on this drug.
2. I am probably dependent on this drug.
3. I am not sure.
4. Probably I am not dependent on this drug.
5. Definitely I am not dependent on this drug.

**Write your answers for each drug on your self-evaluation sheet now, on line D.**

### **E. Your EMOTIONAL Health**

**Drugs can have powerful effects on one's emotions. Some people feel more anxious, guilty, upset, or depressed because of their use of a particular drug. On the other hand, some people experience mostly positive feelings from their use of a particular drug. They feel more calm, relaxed, happy, carefree, or confident. Overall, what effect do you think each drug has had on your emotional health at the present time?**

- 1. I think it has had a very negative or damaging effect on my feelings and emotional health.**
- 2. I think it has had some negative or damaging effect on my feelings and emotional health.**
- 3. I think it has had no effect, one way or the other, on my feelings and emotional health.**
- 4. I think it has had some positive or helpful effect on my feelings and emotional health.**
- 5. I think it has had a very positive or helpful effect on my feelings and emotional health.**

**Write your answers for each drug on your self-evaluation sheet now, on line E.**

### **F. Your FAMILY**

**Drug use can affect the family. For some families, drugs have a dividing and destructive effect. Drug use can result in hard feelings, arguments, sadness and distance, or even violence, making the family less happy. For others, the use of a drug may be part of enjoyable family times. Overall, what has been the effect on your family of your use of each drug you have listed?**

- 1. I think it has had a very damaging effect on my family.**
- 2. I think it has had a somewhat damaging effect on my family.**
- 3. I think it has had no effect on my family.**
- 4. I think it has had a somewhat positive effect on my family.**
- 5. I think it has had a very positive effect on my family.**

**Write your answers for each drug on your self-evaluation sheet now, on line F.**

### **G. Feeling GOOD About Yourself (Self-Esteem)**

Sometimes people feel bad about themselves because of their use of a particular drug. They may feel guilty or ashamed of their use, or wish they had better control of themselves. The things they do while using may also cause them to feel bad about themselves. On the other hand, some people find that using a drug helps them feel good about themselves. They like the fact that they use it, or like how they feel about themselves when they use it. Overall, how has using each drug had affected how good you feel about yourself?

1. It has definitely made me feel worse about myself.
2. It has probably made me feel worse about myself.
3. It has had no effect on how I feel about myself.
4. It has probably made me feel better about myself.
5. It has definitely made me feel better about myself.

Write your answers for each drug on your self-evaluation sheet now, on line G.

#### **H. Your Physical HEALTH**

Another area that can be affected by drug use is one's physical health. Use of a particular drug may contribute to illness, injuries, tiredness, or poor eating habits. On the other hand, some people feel that they are healthier because of their use of a particular drug. Overall, what effect do you think each drug has had on your physical health at the present time?

1. I think it has had a very negative or damaging effect on my health.
2. I think it has had some negative or damaging effect on my health.
3. I think it has had no effect, one way or the other, on my health.
4. I think it has had some positive or helpful effect on my health.
5. I think it has had a very positive or helpful effect on my health.

Write your answers for each drug on your self-evaluation sheet now, on line H.

#### **I. Your IMPORTANT RELATIONSHIPS (Social Life)**

Drugs can have an effect on one's social life. Some people find that the use of a drug damages their social relationships or reputations. They may say or do things they later regret, lose friends, or cause distance from loved ones. Other people report that use of a particular drug helps them socially. They feel more relaxed or less shy around other people, or feel like they fit in better. Some people are proud of their drug use, and regard this as a positive part of their social reputation. Overall, what effect has each drug had on your social relationships at the present time?

1. I think it has had a very negative or damaging effect on my social relationships.
2. I think it has had some negative or damaging effect on my social relationships.
3. I think it has had no effect, one way or the other, on my social relationships.
4. I think it has had some positive or helpful effect on my social relationships.
5. I think it has had a very positive or helpful effect on my social relationships.

Write your answers for each drug on your self-evaluation sheet now, on line I.

#### **J. Your JOB: Work and School**

A person's work can be influenced by drug use. Some people find that drug use has negative effects on their work or school performance. They don't do their work as well, are less motivated, get into trouble with supervisors or co-workers, miss days or come in late. Sometimes a person's job is lost because of drug use, or students get poor grades or drop out because of drug use. Other people find that their work is helped by drug use. It allows them to do better work, or to relate better to co-workers. Overall, what do you think has been the effect of each drug on your work or school?

1. I think it has had a very negative effect on my work or education.
2. I think it has had a somewhat negative effect on my work or education.
3. I think it has had no effect at all on my work or education.
4. I think it has had a somewhat positive effect on my work or education.
5. I think it has had a very positive effect on my work or education.

Write your answers for each drug on your self-evaluation sheet now, on line J.

#### **K. What KEY PEOPLE Think**

Regardless of what a person thinks about his or her own use of drugs, the important people around him or her form their own opinions. Sometimes loved ones or friends are concerned that a person is using too much. On the other hand, others may not be concerned at all. What do you think about how OTHER people view your use of each drug you listed?

1. There definitely are important people in my life who think I use too

**much.**

- 2. Probably there are important people in my life who think I use too much.**
- 3. I am not sure whether any important people in my life think I use too much.**
- 4. Probably no important people in my life think I use too much.**
- 5. Definitely there are no important people in my life who think I use too much.**

**Write your answers for each drug on your self-evaluation sheet now, on line K.**

#### **L. Your LOVING RELATIONSHIPS AND SEXUALITY**

**For some people, drug use has a harmful effect on their loving relationships and on their sexuality. It may decrease their interest in other people or their ability to enjoy loving relationships. Some people are also less attractive to their partners because of their drug use. Other people find that use of a drug improves their loving relationships and sexuality. Sometimes use of a drug is also an important part of meeting potential partners. Overall, for each of the drugs you use, what effect has your use had on your loving relationships and sexual fulfillment?**

- 1. I think it has had a very negative effect.**
- 2. I think it has had a somewhat negative effect.**
- 3. I think it has had no effect, one way or the other.**
- 4. I think it has had a somewhat positive effect.**
- 5. I think it has had a very positive effect.**

**Write your answers for each drug on your self-evaluation sheet now, on line L.**

#### **M. Your MENTAL ABILITIES**

**Using certain drugs can harm the brain. The effects can show up in different ways, such as memory loss, difficulty in concentrating, or problems in learning. On the other hand, some people find that a drug makes them more mentally keen and alert, more able to concentrate or be creative. Overall, what effect do you think each drug that you use has had on your mental abilities?**

- 1. I think it has had a very damaging effect on my mental abilities.**
- 2. I think it has had a somewhat damaging effect on my mental abilities.**
- 3. I think it has had no effect at all on my mental abilities.**

4. I think it has had a somewhat beneficial effect on my mental abilities.

5. I think it has had a very beneficial effect on my mental abilities.

Write your answers for each drug on your self-evaluation sheet now, on line M.

**N. NEED for Change**

How important do you think it is for you to **do something** to change your present use of each of these drugs?

1. I definitely need to do something to change my use.

2. I probably need to do something to change my use.

3. I'm not sure whether I need to do something to change my use.

4. I probably do not need to do anything to change my use.

5. I definitely do not need to do anything to change my use.

Write your answers for each drug on your self-evaluation sheet now, on line N.

**O. OVERALL Effects**

**In terms of your life as a whole**, what would you say have been the effects of each of the drugs you use?

1. I think it has had a very negative effect on my life.

2. I think it has had a somewhat negative effect on my life.

3. I think it has no effect on my life, one way or the other.

4. I think it has had a somewhat positive effect on my life.

5. I think it has had a very positive effect on my life.

Write your answers for each drug on your self-evaluation sheet now, on line O.  
This is the end of the self-evaluation questionnaire.