

Hudson Health Services, Inc.

Cocaine Addiction Test

Directions: Check YES or NO as it applies to you. Please answer all of the questions.

	YES	NO
1. Have you been using larger and larger doses of cocaine to achieve the same high you once had with lower amounts?		
2. Do you ever binge with cocaine? Do you ever use it constantly until your supply is gone?		
3. Do you ever worry about your use of cocaine?		
4. Do you ever use up more money than you intended to use on cocaine?		
5. Does anyone in your family or a friend ever worry or complain about your cocaine use?		
6. Do you ever feel guilty about your cocaine use?		
7. Do you ever have any of these feelings: nervousness, jitteriness, depression, paranoia, difficulty concentrating, irritable, trouble remembering?		
8. Do your friends and family think your drug use is normal?		
9. Have you ever attended a meeting of AA or NA or Cocaine Anonymous?		
10. Have you ever gotten into trouble at work or school because of your cocaine use?		
11. Have you ever been told you had health problems that were related to your use of cocaine?		
12. Do you ever have to use other drugs to calm down after using cocaine?		
13. Do you ever think that you use cocaine to feel normal?		
14. Is it hard for you to say "No" to an offer of cocaine?		
15. Have you ever been advised by a health professional to stop using cocaine for health reasons?		
16. Have you ever gone to anyone for help because of your cocaine use?		
17. Have you ever been a patient in a hospital or mental institution because of emotional problems related to cocaine use?		
18. Have you ever been arrested for any reason when you were under the influence of cocaine?		
19. Do you use cocaine alone?		
20. Have family and friends told you that you've changed since you've started to use cocaine?		
21. Have you ever had pains in the chest, seen things that were not there, passed out or thought about suicide when using cocaine.		
22. Do you think you are addicted?		
23. Have you ever chosen friends because of their ability to get cocaine or their use of cocaine?		
24. Have you ever promised yourself you weren't going to use and found yourself using cocaine anyway?		
25. Have you ever been arrested for drunk driving or driving after drinking?		

3 or more yes answers indicate a need to call Hudson Health Services, Inc., 410-219-900C