



## WELLNESS WORKSHEET 47

### Addictive Behaviors

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#### Part I. General Addictive Behavior Checklist

Choose an activity or a behavior in your life that you feel may be developing into an addiction. Ask yourself the following questions about it, and answer yes (Y) or no (N).

Activity/behavior: \_\_\_\_\_

- \_\_\_\_\_ 1. Do you engage in the activity on a regular basis?
- \_\_\_\_\_ 2. Have you engaged in the activity over a long period of time?
- \_\_\_\_\_ 3. Do you currently engage in this activity more than you used to?
- \_\_\_\_\_ 4. Do you find it difficult to stop or to avoid the activity?
- \_\_\_\_\_ 5. Have you tried and failed to cut down on the amount of time you spend on the activity?
- \_\_\_\_\_ 6. Do you turn down or skip social/recreational events in order to engage in the activity?
- \_\_\_\_\_ 7. Does your participation in the activity interfere with your attendance and/or performance at school and/or work?
- \_\_\_\_\_ 8. Have friends or family members spoken to you about the activity and indicated they think you have a problem?
- \_\_\_\_\_ 9. Has your participation in the activity affected your reputation?
- \_\_\_\_\_ 10. Have you lied to friends or family members about the amount of time, money, and other resources that you put into the activity?
- \_\_\_\_\_ 11. Do you feel guilty about the resources that you put into the activity?
- \_\_\_\_\_ 12. Do you engage in the activity when you are worried, frustrated, or stressed or when you have other painful feelings?
- \_\_\_\_\_ 13. Do you feel better when you engage in the activity?
- \_\_\_\_\_ 14. Do you often spend more time engaged in the activity than you plan to?
- \_\_\_\_\_ 15. Do you have a strong urge to participate in the activity when you are away from it?
- \_\_\_\_\_ 16. Do you spend a lot of time planning for your next opportunities to engage in the activity?
- \_\_\_\_\_ 17. Are you often irritable and restless when you are away from the activity?
- \_\_\_\_\_ 18. Do you use the activity as a reward for all other accomplishments?

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**Part II. Checklist for Drug Dependency**

If you wonder whether you are becoming dependent on a drug, ask yourself the following questions. Answer yes (Y) or no (N).

- \_\_\_\_\_ 1. Do you take the drug regularly?
- \_\_\_\_\_ 2. Have you been taking the drug for a long time?
- \_\_\_\_\_ 3. Do you always take the drug in certain situations or when you're with certain people?
- \_\_\_\_\_ 4. Do you find it difficult to stop using the drug? Do you feel powerless to quit?
- \_\_\_\_\_ 5. Have you tried repeatedly to cut down or control your use of the drug?
- \_\_\_\_\_ 6. Do you need to take a larger dose of the drug in order to get the same high you're used to?
- \_\_\_\_\_ 7. Do you feel specific symptoms if you cut back or stop using the drug?
- \_\_\_\_\_ 8. Do you frequently take another psychoactive substance to relieve withdrawal symptoms?
- \_\_\_\_\_ 9. Do you take the drug to feel "normal"?
- \_\_\_\_\_ 10. Do you go to extreme lengths or put yourself in dangerous situations to get the drug?
- \_\_\_\_\_ 11. Do you hide your drug use from others? Have you ever lied about what you're using or how much you use?
- \_\_\_\_\_ 12. Do people close to you ask you about your drug use?
- \_\_\_\_\_ 13. Are you spending more and more time with people who use the same drug as you?
- \_\_\_\_\_ 14. Do you think about the drug when you're not high, figuring out ways to get it?
- \_\_\_\_\_ 15. If you stop taking the drug, do you feel bad until you can take it again?
- \_\_\_\_\_ 16. Does the drug interfere with your ability to study, work, or socialize?
- \_\_\_\_\_ 17. Do you skip important school, work, social, or recreational activities in order to obtain or use the drug?
- \_\_\_\_\_ 18. Do you continue to use the drug despite a physical or mental disorder or despite a significant problem that you know is worsened by drug use?
- \_\_\_\_\_ 19. Have you developed a mental or physical condition or disorder because of prolonged drug use?
- \_\_\_\_\_ 20. Have you done something dangerous or that you regret while under the influence of the drug?

**Evaluation**

On each of these checklists, the more times you answer yes, the more likely it is that you are developing an addiction. If your answers suggest abuse or dependency, talk to someone at your school health clinic or to your physician about taking care of the problem before it gets worse.