

Am I An Addict?

ASQ: The Addiction Screening
Questionnaire

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One Step Rehab

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1. Introduction to ASQ

To help raise awareness about addictive disorders, sometimes it is necessary to ask questions. That's exactly what the ASQ questionnaire does. ASQ (The Addictions Screening Questionnaire) is a self-assessment tool which will help raise your awareness about your own addictive behavior.

Please consider carefully completing all sections on both parts of the questionnaire. You may be currently unaware of some of your addictive behaviors and this process will help you to consider the entire range of your addictive disorder.

Consider addiction as a syndrome form of illness, one which has many different ways of manifesting itself. Being unaware of some of these manifestations is not a weakness on your part, it's actually part of the process of change as we explained in the previous module ([Understanding the Stages of Change](#)). When you raise your awareness then you are more likely to move past the *pre-contemplation* stage and into the *contemplation* and *action* stages of change.

This questionnaire looks at characteristics which are common to *all* addictions as well as modes of behavior which are unique to each distinct addiction disorder. The 14 questions are organized in the following way:

- Questions 1 - 3 are designed to analyze whether the **core characteristics** of ALL ADDICTIONS are present.
- Questions 4 - 6 are designed to see if there is a noticeable **progression** in your addiction
- Questions 7 - 11 ask about things which are **common consequences** of all addictions
- Questions 12 - 14 asks about **behaviors** that are commonly associated with addiction.

Fig.1: How ASQ's 14 questions helps to identify addictive behavior

<p>1-3</p> <p>Core Characteristics</p>	<ol style="list-style-type: none"> 1. Inability to consistently Abstain from the addiction 2. Impairment in controlling your Behaviour due to the demands of the addiction 3. Cravings
<p>4-6</p> <p>Progression of the addiction</p>	<ol style="list-style-type: none"> 4. Unsuccessful attempts to control or reduce the addictive behavior 5. Unsuccessful attempts to minimize harms caused by the addiction 6. Increased frequency/amount/intensity of the addiction over time
<p>7-11</p> <p>Common consequences</p>	<ol style="list-style-type: none"> 7. Relationship problems 8. Work problems 9. Health problems 10. Legal or financial problems 11. Dysfunctional emotional states.
<p>12-14</p> <p>Common associated behaviors</p>	<ol style="list-style-type: none"> 12. Hiding the addiction 13. Protecting the addiction 14. Using the addictive behavior to self-medicate

Please complete all sections of this questionnaire starting on the next page. Although some of the questions are multiple choice. circle YES If you identify with ANY PART OF THE QUESTION. Max score per section is 14 points.

2. Alcohol Use

1. Do you have an inability to consistently abstain from alcohol? Have you ultimately been unable to stop (or stay stopped) despite the harm it causes?

YES/NO

2. Do you experience impairment in behavioral control when you are drinking?

a) Have you got drunk when you didn't intend to?

b) Have you missed important events in order to drink?

YES/NO

3. Do you experience cravings for drinking alcohol?

a) Do you obsess about it when you can't get it?

b) Do you spend significant amounts of time planning how you can get it?

YES/NO

4. Have you ever tried to reduce or control the amount you drink unsuccessfully? YES/NO

5. Have you ever substituted one type of alcohol for another in an attempt to minimize the harm alcohol is doing to you (e.g. whisky for beer)? YES/NO

6. Have you increased the frequency or amount of your alcohol intake over the past months or years? YES/NO

7. Has your drinking caused problems in your relationships? YES/NO

8. Has alcohol affected your work performance? YES/NO

9. Do you have any health problems related to alcohol use? YES/NO
10. Do you have legal or financial problems due to your use of alcohol? YES/NO
11. Does your drinking cause you to have unhealthy negative feelings like guilt and shame? YES/NO
12. Do you ever hide alcohol in secret places or do you hide how much you are drinking by sneaking extra drinks when others aren't looking? YES/NO
13. Do you become angry if your plans to drink are interfered with? YES/NO
14. Does your alcohol use make you feel confident/competent/at ease with yourself or help you to 'fit in'? Do you think you would feel ill at ease or unable to fit in if you had to stop drinking? YES/NO

TOTAL =

3. Prescription (RX) Drug Use

1. Do you have an inability to consistently abstain from using prescription (RX) drugs? Have you ultimately been unable to stop (or stay stopped) despite the harm they cause? YES/NO

2. Do you experience impairment in behavioral control around RX drugs?
 - a) Have you ever thrown your pills away only to retrieve them from the trash later?

 - b) Have you bought RX drugs on the internet or on the street?

 - c) Have you engaged in 'doctor shopping' (receiving the same medication from two or more doctors the same time period in order to exceed the given prescribed dose)?YES/NO

3. Do you experience cravings for RX drugs?
 - a) Do you obsess about them when you can't get them?

 - b) Do you spend significant amounts of time planning how you can get them?YES/NO

4. Have you ever tried to reduce or control the amount of rx drugs you use unsuccessfully? YES/NO

5. Have you ever substituted one type of rx drug for another (e.g. Clonazepam for Diazepam) or an rx drug for any other type of drug (e.g. Oxycontin for heroin) in an attempt to minimize the harm it is doing to you? YES/NO

6. Have you increased the dosage, strength or frequency of your pills intake (or your prescription) over the past months or years? YES/NO

7. Has your RX drug use caused problems in your relationships? YES/NO

8. Has your use of RX drugs ever affected your work? YES/NO

9. a) Do you have any health problems related to your use of rx drugs?

b) Have you ever been treated by a physician or hospital for excessive use of pills (whether or not in combination with other substances)?

YES/NO

10. Do you have legal or financial problems due to your use of RX drugs? YES/NO

11. Does your Rx drug use cause you unhealthy negative feelings like guilt and shame? YES/NO

12. Do you have a place where you hide your pills/medications? YES/NO

13. Have you ever become angry with your doctor or pharmacy because you felt they were interfering with or limiting your supply? YES/NO

14. Have you ever felt you wouldn't be able to function or 'be yourself' without your RX drugs? YES/NO

YOUR TOTAL =

4. Other Drug Use

1. Do you have an inability to consistently abstain from drugs? Have you ultimately been unable to stop (or stay stopped) despite the harm it causes?

YES/NO

2. Do you experience impairment in behavioral control around drugs?

a) Have you ever stolen to fund your drug habit?

b) Have you ever dealt drugs to fund your habit?

YES/NO

3. Do you experience cravings for drugs?

a) Do you obsess about them when you can't get them?

b) Do you spend significant amounts of time planning how you can get them?

YES/NO

4. Have you ever tried to reduce or control the amount of drugs you use unsuccessfully? YES/NO

5. Have you increased the frequency or amount of your use of a drug over the past months or years? YES/NO

6. Have you ever substituted one drug for another, in an attempt to control the harm that that drug is having on you? YES/NO

7. Do you have any health problems related to drug use or have you ever suffered harm from using a drug (e.g. overdose, accidents, hospitalization?)
YES/NO
8. Do you have legal or financial problems due to your use of drugs? YES/NO
9. Do you have relationship problems which are related to your drug use?
YES/NO
10. Has your work performance been affected by your drug use? YES/NO
11. Does your drug use cause you unhealthy negative feelings like guilt and shame? YES/NO
12. Do you lie about your drug use or hide it from those close to you? YES/NO
13. Do you become angry if your plans to use drugs are interfered with? YES/NO
14. Does your drug use make you feel confident/competent/at ease with yourself? Do you think you would feel ill at ease or unable to deal with life if you had to stop taking drugs? YES/NO

YOUR TOTAL =

5. Compulsive Sexual Behavior

1. Do you have an inability to consistently abstain from a sexual behavior (including watching pornography, with or without masturbation) which has caused serious consequences? Have you ultimately been unable to stop (or stay stopped) despite the harm this is doing to yourself or others? YES/NO

2. Do you experience impaired behavioral control around your need for sex? For example;

a) Has your need for a greater high made you have types of sex you don't usually like?

b) Have you had sex, or viewed pornography, regardless of the consequences (e.g. risk of disease, public shame, damage to reputation)?

YES/NO

3. Do you experience cravings for sex (including watching porn and/or masturbating)? For example;

a) Do you spend large amounts of time euphorically recalling past sexual encounters (including replaying episodes of pornography in your mind)?

b) Do you feel lost or empty when you are away from sexual partners (or have no access to pornography) to the point where you are significantly distracted, bored or depressed?

YES/NO

4. Have you ever tried to cut down the amount of sex you have, or the amount of porn you watch? YES/NO

5. Have you ever substituted one type of sex, or one partner for another, in an attempt to minimize the harm your sexual or romantic behaviors are causing you or others? YES/NO

6. Are you constantly seeking newer or riskier sexual experiences or types of porn in an attempt to achieve the same level of excitement? YES/NO

7. Has your sexual behavior or viewing of pornography caused problems in your relationships? YES/NO

8. Has sex or pornography affected your work performance? YES/NO

9. Do you have any health problems related to your sexual behavior? YES/NO

10. Do you have legal or financial problems due to your sexual activities, including the viewing of pornography? YES/NO

11. Does your sexual behavior or watching porn cause you to have unhealthy negative feelings like guilt and shame? YES/NO

12. Do you hide any of your sexual activities (including watching porn) from those you are intimate with? Would a significant amount of other people who are important to you disapprove of your behavior? YES/NO

13. Do you become angry and irate if your sexual behaviors (including watching porn) are stopped, delayed or interfered with? YES/NO

14. Does your sex life or your viewing of pornography make you feel confident/competent/at ease with yourself? For example;

a) Do you think you would feel less of a person if you had to stop it?

b) Do you sexualize your emotions, do you act out with sex or porn when you are feeling negative (angry, stressed, lonely, lost, bored, or fearful of change).

YES/NO

YOUR TOTAL =

6. Overeating/Binge-Eating

1. Do you have an inability to consistently abstain (stop, or stay stopped) from overeating, including episodic binge eating? YES/NO

2. Do you experience impaired behavioral control with food? For example;

a) Constantly eat when you're not hungry?

b) Throw food away and then retrieve it later?

c) Steal other people's food on multiple occasions?

d) Eat food that is spoiled?

e) Binge and then purge by vomiting/laxatives/exercise?

YES/NO

3. Do you experience cravings for your compulsive eating pattern? For example, do you frequently obsess over food, or spend large amounts of time fantasizing about food. YES/NO

4. a) Do you find that you often try to control the amount of food/calories you eat by dieting only to fail and relapse back into uncontrolled eating?

b) Have you ever tried to control your weight by using: laxatives, vomiting, diuretics, excessive exercise, diet pills or surgery?

YES/NO

5. Have you ever substituted one type of food for another in an attempt to minimize the harm you are doing to yourself? YES/NO

6. Have you increased the frequency of your food intake over time? Was there a time when you did not eat as much as you currently do? YES/NO
7. Has your eating caused problems in your relationships? YES/NO
8. Has your addiction to food or your compulsive eating pattern affected your work performance? YES/NO
9. a) Do you have any health problems related to your eating patterns?

b) Has your doctor told you that you are obese?

YES/NO
10. Do you have financial problems due to your eating habits (includes medical bills)?
11. a) Do you often feel guilt or shame after a binge episode?

b) Are you embarrassed about your weight?

YES/NO
12. Do you hide your eating behavior by eating 'normally' when you're around others and then overeat/binge when you're alone? YES/NO
13. Do you become angry and irate when your usual eating ritual is stopped, delayed or interfered with? YES/NO
14. Does your eating provide you with reward and meaning in some way? For example:

a) Does overeating or bingeing provide you with a feeling of comfort?

b) When your emotions are intense (whether positive or negative) do you find yourself reaching for food to reward or relieve yourself?

YES/NO

YOUR TOTAL =

7. Gambling

1. Do you have an Inability to consistently abstain from gambling? Have you ultimately been unable to stop (or stay stopped) despite the harm it causes?

YES/NO

2. Do you experience impaired behavioral control around gambling?

a) Do you tell yourself you can stop gambling any time you want to, even though you keep betting/gambling when you don't mean to?

b) Have you ever committed a crime, or thought about committing a crime in order to finance gambling?

c) Did you ever gamble to get money to pay off debts?

YES/NO

3. Do you experience cravings to gamble? For example;

a) Do you obsess about gambling when you can't do it?

b) Do you feel the intense need after losing to return as soon as possible and win back your losses?

c) Do you have unmanageable feelings (restless, irritable or discontented) when attempting to cut down or stop gambling?

YES/NO

4. Have you ever tried to control the amount of time you spend gambling?

YES/NO

5. Have you ever substituted one form of gambling for another in an attempt to minimize the harm it's doing to you? YES/NO

6. Have you increased the variety (novelty), frequency or risk of your gambling activities just to get the same 'high'? YES/NO

7. a) Has your gambling caused problems in your relationships?

b) Did gambling make you careless of the welfare of yourself or your family?

YES/NO

8. Has compulsive gambling affected your work performance? YES/NO

9. a) Do you have any health problems related to your gambling behavior (including mental health problems or emotional disorders like depression)?

b) Do you lose sleep due to late night gambling sessions?

YES/NO

10. a) Do you have legal or financial problems due to your gambling?

b) Have you often gambled until all of your financial resources are gone?

c) Have you ever borrowed money, sold anything, or given anything as collateral in order to finance your gambling?

YES/NO

11. a) Does your gambling fill you with fear and self-loathing?

b) Have you ever felt suicidal or made a suicide plan as a result of your gambling?

YES/NO

12. a) Do you 'hide' your gambling from those close to you?

b) Do you have to hide how much money you've lost gambling?

YES/NO

13. Do you become angry and irate if your gambling is stopped, delayed or interfered with? YES/NO

14. a) Have you ever gambled to escape worry, trouble, loneliness, grief or loss?

b) Do you gamble for relief when life isn't going well for you?

c) Do you ever gamble in a celebratory way, or as a reward for achieving something?

YES/NO

YOUR TOTAL =

8. Gaming

1. Do you have an Inability to consistently abstain from gaming? Have you ultimately been unable to stop (or stay stopped) despite the harm it causes? YES/NO

2. Do you experience impaired behavioral control around gaming? For example;

a) Do you tell yourself you can stop playing the games any time you want to, even though you keep playing when you don't mean to?

b) Have you ever stolen a video game or stolen money to buy a video game or download or subscription?

YES/NO.

3. Do you crave game playing? Do you spend significant amounts of time in planning playing games or replaying game scenarios? YES/NO

4. Have you ever tried to control the amount of time you spend gaming only to return to the same pattern? YES/NO

5. Have you ever substituted one game for another in an attempt to minimize the time spent/expense?

a) Over time, have you increased the time or money spent on playing video games?

b) Do you need to spend more time and money on video games in order to feel the same amount of excitement?

YES/NO

7. Has your gaming caused problems in your relationships? YES/NO

8. a) Do you sometimes skip homework or work in order to play more video games?

b) Have you ever done poorly on a school assignment, test, or work assignment because you have spent so much time playing video games?

YES/NO

9. Have you experienced physical effects from excessive gaming e.g. carpal tunnel syndrome (wrist/forearm inflammation), migraine headaches, sleep disturbance, eye strain, back ache, sore neck or poor personal hygiene? YES/NO

10. Do you have financial problems due to gaming? YES/NO

11. Does gaming cause you unhealthy negative feelings like guilt and shame?

YES/NO

12. Do you try to hide how long you've been gaming from others? YES/NO

13. Does your gaming life make you feel confident/competent/at ease with yourself? YES/NO

14. Have you played video games as a way to escape problems or negative feelings? YES/NO

YOUR TOTAL =

9. Analyzing the Results

If you scored any points in the first 3 questions of any section then it is highly likely that you have some form of addictive disorder with that set of substances or behaviors, because questions 1-3 deal with the core characteristics of addiction. Those 3 questions were formulated from the “ABC” of The American Society of Addiction Medicine’s 2011 definition of addiction.

Addiction is characterized by ...

- A. Inability to consistently **A**bstain
- B. Impairment in **B**ehavioural control
- C. **C**raving

If you scored 1 or more on questions 4 - 14 in any of the sections then this is also a sign that something might be problematic and needs closer attention.

Essentially, addiction exists on a continuum. Obviously the closer we get to a full score (14) the more entrenched our addiction issues are, but even a low score of 3 or 4 is indicative of a potentially serious problem.

So now you should be able to see where your major problems are but hopefully you can also see that there are other areas which may become problematic later. If you were lacking in awareness around any of these issues then hopefully this has raised your awareness of the fact that addiction is a *syndrome form of illness*. It manifests in many different ways and all of those manifestations are a result of the same underlying behavioral illness/disorder.

In the following modules (course 1) we will learn about how different addictions interact with each other to become more than the sum of their parts.

In course 2 we will use the ‘3 circles’ approach which enables us to build a comprehensive recovery plan for multiple addictions.