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DUDIT

Drug Use Disorders Identification Test

Here are a few questions about drugs. Please answer as correctly and honestly as possible by indicating which answer is right for you.

|  <input type="checkbox"/> Man <input type="checkbox"/> Woman | Age | | | | |
|--|-----------------------------------|---|---|--|--|
| 1. How often do you use drugs other than alcohol? (See list of drugs on back side.) | Never <input type="checkbox"/> | Once a month or less often <input type="checkbox"/> | 2-4 times a month <input type="checkbox"/> | 2-3 times a week <input type="checkbox"/> | 4 times a week or more often <input type="checkbox"/> |
| 2. Do you use more than one type of drug on the same occasion? | Never <input type="checkbox"/> | Once a month or less often <input type="checkbox"/> | 2-4 times a month <input type="checkbox"/> | 2-3 times a week <input type="checkbox"/> | 4 times a week or more often <input type="checkbox"/> |
| 3. How many times do you take drugs on a typical day when you use drugs? | 0 <input type="checkbox"/> | 1-2 <input type="checkbox"/> | 3-4 <input type="checkbox"/> | 5-6 <input type="checkbox"/> | 7 or more <input type="checkbox"/> |
| 4. How often are you influenced heavily by drugs? | Never <input type="checkbox"/> | Less often than once a month <input type="checkbox"/> | Every month <input type="checkbox"/> | Every week <input type="checkbox"/> | Daily or almost every day <input type="checkbox"/> |
| 5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it? | Never <input type="checkbox"/> | Less often than once a month <input type="checkbox"/> | Every month <input type="checkbox"/> | Every week <input type="checkbox"/> | Daily or almost every day <input type="checkbox"/> |
| 6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started? | Never <input type="checkbox"/> | Less often than once a month <input type="checkbox"/> | Every month <input type="checkbox"/> | Every week <input type="checkbox"/> | Daily or almost every day <input type="checkbox"/> |
| 7. How often over the past year have you taken drugs and then neglected to do something you should have done? | Never <input type="checkbox"/> | Less often than once a month <input type="checkbox"/> | Every month <input type="checkbox"/> | Every week <input type="checkbox"/> | Daily or almost every day <input type="checkbox"/> |
| 8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before? | Never <input type="checkbox"/> | Less often than once a month <input type="checkbox"/> | Every month <input type="checkbox"/> | Every week <input type="checkbox"/> | Daily or almost every day <input type="checkbox"/> |
| 9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs? | Never <input type="checkbox"/> | Less often than once a month <input type="checkbox"/> | Every month <input type="checkbox"/> | Every week <input type="checkbox"/> | Daily or almost every day <input type="checkbox"/> |
| 10. Have you or anyone else been hurt (mentally or physically) because you used drugs? | No <input type="checkbox"/> | Yes, but not over the past year <input type="checkbox"/> | Yes, over the past year <input type="checkbox"/> | | |
| 11. Has a relative or a friend, a doctor or a nurse, or anyone else, been worried about your drug use or said to you that you should stop using drugs? | No <input type="checkbox"/> | Yes, but not over the past year <input type="checkbox"/> | Yes, over the past year <input type="checkbox"/> | | |



LIST OF DRUGS

(Note! Not alcohol!)

| Cannabis | Amphetamines | Cocaine | Opiates | Hallucinogens | Solvents/inhalants | GHB and others |
|-----------|-------------------------------|----------|---------------|------------------------------------|--------------------|------------------------------|
| Marijuana | Methamphetamine | Crack | Smoked heroin | Ecstasy | Thinner | GHB |
| Hash | Phenmetraline | Freebase | Heroin | LSD (Lisergic acid) | Trichlorethylene | Anabolic steroids |
| Hash oil | Khat | Coca | Opium | Mescaline | Gasoline/petrol | Laughing gas (Halothane) |
| | Betel nut | leaves | | Peyote | Gas | Amyl nitrate |
| | Ritaline (Methylphenidate) | | | PCP, angel dust (Phencyclidine) | Solution | (Poppers) |
| | | | | Psilocybin | Glue | Anticholinergic compounds |
| | | | | DMT (Dimethyltryptamine) | | |

PILLS – MEDICINES

Pills count as drugs when you take

- more of them or take them more often than the doctor has prescribed for you
- pills because you want to have fun, feel good, get "high", or wonder what sort of effect they have on you
- pills that you have received from a relative or a friend
- pills that you have bought on the "black market" or stolen

SLEEPING PILLS/SEDATIVES

| | | |
|-----------------|---------------|--------------|
| Alprazolam | Glutethimide | Rohypnol |
| Amobarbital | Halcion | Secobarbital |
| Apodorm | Heminevrin | Sobril |
| Apozepam | Iktorivil | Sonata |
| Aprobarbital | Imovane | Stesolid |
| Butabarbital | Mephobarbital | Stilnoct |
| Butalbital | Meprobamate | Talbutal |
| Chloral hydrate | Methaqualone | Temesta |
| Diazepam | Methohexital | Thiamylal |
| Dormicum | Mogadon | Thiopental |
| Ethchlorvynol | Nitrazepam | Triazolam |
| Fenemal | Oxascand | Xanor |
| Flunitrazepam | Pentobarbital | Zopiklon |
| Fluscand | Phenobarbital | |

PAINKILLERS

| | | |
|------------------|-----------|---------------|
| Actiq | Durogesic | OxyNorm |
| Coccilana-Etyfin | Fentanyl | Panocod |
| Citodon | Ketodur | Panocod forte |
| Citodon forte | Ketogan | Paraflex comp |
| Dexodon | Kodein | Somadril |
| Depolan | Maxidon | Spasmofen |
| Dexofen | Metadon | Subutex |
| Dilaudid | Morfin | Temgesic |
| Distalgesic | Nobligan | Tiparol |
| Dolcontin | Norflex | Tradolan |
| Doleron | Norgesic | Tramadul |
| Dolotard | Opidol | Treo comp |
| Doloxene | OxyContin | |

Pills do NOT count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.