

TRANQUILITY HOME

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**Am I an Addict?**

*Only you can answer this question.*

We who are in recovery came because we finally gave up trying to control our using. We still hated to admit that we could never use safely. Then we heard from other members that we were sick. (We thought so for years!) We found out that many people suffered from the same feelings of guilt and loneliness and hopelessness that we did. We found out that we had these feelings because we had the disease of addiction.

We decided to try and face up to what drugs had done to us. Here are some of the questions we tried to answer *honestly.* If we answered YES to four or more questions, we were in deep trouble with our drinking. See how you do. Remember, there is no disgrace in facing up to the fact that you have a problem.

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| --- | --- | --- | --- |
| 1. | Do you ever use alone? | Yes  | No  |
| 2. | Have you ever substituted one drug for another, thinking that one particular drug was the problem? | Yes  | No  |
| 3. | Have you ever manipulated or lied to a doctor to obtain prescription drugs? | Yes  | No  |
| 4. | Have you ever stolen drugs or stolen to obtain drugs? | Yes  | No  |
| 5. | Do you regularly use a drug when you wake up or when you go to bed? | Yes  | No  |
| 6. | Have you ever taken one drug to overcome the effects of another? | Yes  | No  |
| 7. | Do you avoid people or places that do not approve of you using drugs? | Yes  | No  |
| 8. | Have you ever used a drug without knowing what it was or what it would do to you? | Yes  | No  |
| 9. | Has your job or school performance ever suffered from the effects of your drug use? | Yes  | No  |
| 10. | Have you ever been arrested as a result of using drugs? | Yes  | No  |
| 11. | Have you ever lied about what or how much you use? | Yes  | No  |
| 12. | Do you put the purchase of drugs ahead of your financial responsibilities? | Yes  | No  |
| 13. | Have you ever tried to stop or control your using? | Yes  | No  |
| 14. | Have you ever been in a jail, hospital,or drug rehabilitation center because of your using? | Yes  | No  |
| 15. | Does using interfere with your sleeping or eating? | Yes  | No  |

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| --- | --- | --- | --- |
| 16. | Does the thought of running out of drugs terrify you? | Yes  | No  |
| 17. | Do you feel it is impossible for you to live without drugs? | Yes  | No  |
| 18. | Do you ever question your own sanity? | Yes  | No  |
| 19. | Is your drug use making life at home unhappy? | Yes  | No  |
| 20. | Have you ever thought you couldn’t fit in or have a good time without drugs? | Yes  | No  |
| 21. | Have you ever felt defensive, guilty, or ashamed about your using? | Yes  | No  |
| 22. | Do you think a lot about drugs? | Yes  | No  |
| 23. | Have you had irrational or indefinable fears? | Yes  | No  |
| 24. | Has using affected your sexual relationships? | Yes  | No  |
| 25. | Have you ever taken drugs you didn’t prefer? | Yes  | No  |
| 26. | Have you ever used drugs because of emotional pain or stress? | Yes  | No  |
| 27. | Have you ever overdosed on any drugs? | Yes  | No  |
| 28. | Do you continue to use despite negative consequences? | Yes  | No  |
| 29. | Do you think you might have a drug problem? | Yes  | No  |
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If you answer Yes to three or more of these questions then Tranquility Home Family Groups may be able to help you!

1 Basic Text, *Narcotics Anonymous*