



CONTACT THE LAWYER ASSISTANCE PROGRAM (LAP) FOR MORE INFORMATION OR ASSISTANCE.  
ALL COMMUNICATION IS CONFIDENTIAL: 877-LAP-4-HELP; LAP@calbar.ca.gov

### **The 20 Questions Test (substance use disorder)**

1. Do you lose time from work due to drinking/using?
2. Is drinking/using making your home life unhappy?
3. Do you drink/use because you are shy with other people?
4. Is drinking/using affecting your reputation?
5. Have you ever felt remorse after drinking/using?
6. Have you had financial difficulties as a result of drinking/using?
7. Do you turn to inferior companions and environments when drinking/using?
8. Does your drinking/using make you careless of your family's welfare?
9. Has your ambition decreased since drinking/using?
10. Do you crave a drink/drug at a definite time or day?
11. Do you want a drink/drug the next morning?
12. Does drinking/using cause you to have difficulty sleeping?
13. Has your efficiency decreased since drinking/using?
14. Is drinking/using jeopardizing your job or business?
15. Do you drink/use to escape worries or trouble?
16. Do you drink/use alone?
17. Have you ever had a loss of memory as a result of drinking/using?
18. Has your physician ever treated you for drinking/using?
19. Do you drink/use to build up self-confidence?
20. Have you ever been to a hospital or institution (jail, etc.) because of drinking/using?

#### Scoring:

- If you answered YES to any one of these questions, there is a DEFINITE WARNING that you have a problem with alcohol/drugs.
- If you answered YES to any two of these questions, the CHANCES ARE that you have a problem with alcohol/drugs.
- If you answered YES to three or more of these questions, you DEFINITELY have a problem with alcohol/drugs.

Disclaimer: This self-assessment is not intended to take the place of a professional evaluation. If you have any questions or concerns, you should talk to a mental health professional.