

Self-Assessment Quiz....Do I need Freedom?

Answer these questions by filling in the blank with your own patterns/actions regarding drinking, drug use, gambling, cutting, eating, shopping, internet use, sexual behavior or other consistent behaviors.

Do you try to avoid family or close friends while you are _____? Y N

Do you _____ when you are disappointed, under pressure or have had a quarrel with someone? Y N

Do you sometimes feel a little guilty about your _____? Y N

Has a family member or close friend expressed concern or complained about your _____? Y N

Have you sometimes failed to keep promises you made to yourself about controlling or cutting down on _____? Y N

Do you believe you have things under control because you binge and then refrain for a couple of weeks or even a month? Y N

Do you get angry and/or make excuses when asked about your _____? Y N

Have you had problems at work, school, or with your family as a result of your _____? Y N

Do you ever feel depressed or anxious before, during or after periods of _____? Y N

Have any of your blood relatives ever had a problem with addiction? Y N

Do you find the need for more _____ to get the same relief/result? Y N

Have you ever lost a job/been reprimanded at work due to your _____? Y N

Have you ever damaged a relationship due to _____? Y N

Do you _____ in order to cope with emotional pain or stress? Y N

Does your _____ affect your finances adversely? Y N

If you answered Yes to 5 or more of these questions, you probably have an issue with addiction. **Celebrate Recovery can help.**