



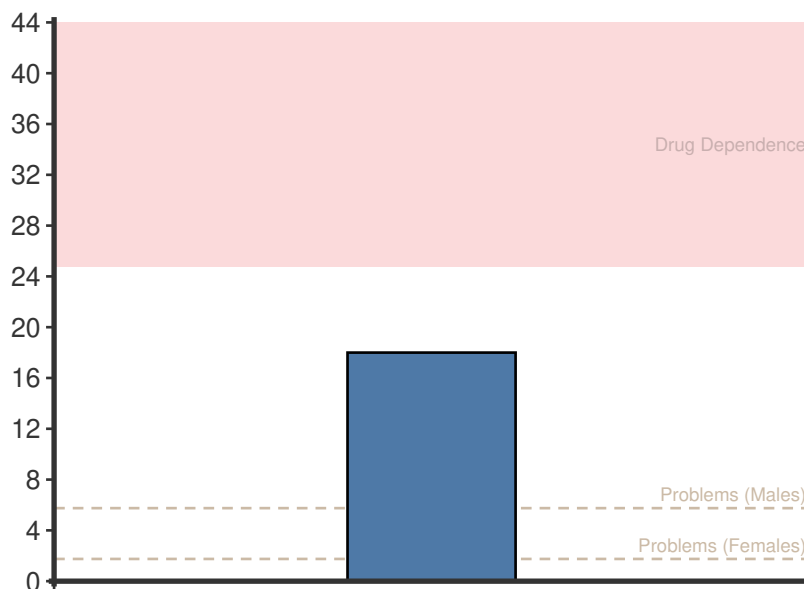
## Drug Use Disorders Identification Test (DUDIT)

<i>Client Name</i>	Generic Client	<i>Date administered</i>	29 Aug 2025
<i>Date of birth (age)</i>	1 Jan 1990 (35)	<i>Time taken</i>	11s
<i>Assessor</i>	Dr Simon Baker		

## Results

	Score
DUDIT Total	18

### DUDIT Total Score



## Scoring and Interpretation Information

For comprehensive information on the Drug Use Disorders Identification Test (DUDIT), [see here](#).

The DUDIT yields a total score ranging from 0 to 44, with higher scores indicating greater drug-related problems. The total score is calculated by summing all 11 items, where items 1-9 are scored 0-4 and items 10-11 are scored 0, 2, or 4.

Cut-off scores for probable drug-related problems:

- Drug dependence: A score of 25 or more indicates high probability of dependence on one or more drugs.
- Males: A score of 6 or more indicates probable drug-related problems (either harmful use or dependence).
- Females: A score of 2 or more indicates probable drug-related problems (either harmful use or dependence).

The higher threshold for males accounts for generally higher prevalence rates and different



<b>Client Name</b>	Generic Client
--------------------	----------------

patterns of substance use between males and females.

Scores should be considered as indicators for further comprehensive assessment rather than diagnostic.

## Client Responses

1 How often do you use drugs other than alcohol?

- 0 Never
- 1 Monthly or less
- 2 2-4 times a month
- 3 2-3 times a week
- 4 4 or more times a week**

2 How often do you use more than one drug on the same occasion?

- 0 Never
- 1 Less than monthly**
- 2 Monthly
- 3 Weekly
- 4 Daily or almost daily

3 How many times do you take drugs on a typical day when you use drugs?

- 0 0
- 1 1-2
- 2 3-4**
- 3 5-6
- 4 7 or more

4 How often are you influenced heavily by drugs?

- 0 Never**
- 1 Less often than once a month
- 2 Every month
- 3 Every week
- 4 Daily or almost every day

5 Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?

- 0 Never
- 1 Less often than once a month
- 2 Every month**
- 3 Every week
- 4 Daily or almost every day



**Client Name** | Generic Client

### Client Responses (cont.)

6	Has it happened, over the past year, that you have not been able to stop taking drugs once you started?
	<b>0 Never</b> 1 Less often than once a month 2 Every month 3 Every week 4 Daily or almost every day
7	How often over the past year have you taken drugs and then neglected to do something you should have done?
	0 Never 1 Less often than once a month 2 Every month 3 Every week <b>4 Daily or almost every day</b>
8	How often over the past year have you needed to take a drug the morning after heavy drug use the day before?
	0 Never 1 Less often than once a month <b>2 Every month</b> 3 Every week 4 Daily or almost every day
9	How often over the past year have you had guilt feelings or a bad conscience because you used drugs?
	0 Never <b>1 Less often than once a month</b> 2 Every month 3 Every week 4 Daily or almost every day
10	Have you or anyone else been hurt (mentally or physically) because you used drugs?
	<b>0 No</b> 2 Yes, but not over the past year 4 Yes, over the past year
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?
	0 No <b>2 Yes, but not over the past year</b> 4 Yes, over the past year