



Drug Use Disorders Identification Test (DUDIT)

Instructions:

The next questions will help us to understand whether use of drugs other than alcohol is a problem for you. This includes illicit drugs & pharmaceutical medications (e.g. sleeping pills, pain killers). It does not include medication that you take as prescribed by your doctor. Please respond in a way that best describes your use of all drugs (other than alcohol). If you haven't been using any, then you don't need to answer the questions.

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



6	Has it happened, over the past year, that you have not been able to stop taking drugs once you started?
0	Never
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
4	Daily or almost every day
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
2	Every month
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
1	Less often than once a month
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?
0	No
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
2	Yes, but not over the past year
4	Yes, over the past year

Developer Reference:

Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). The Drug Use Disorders Identification Test Manual. Karolinska Institutet, Department of Clinical Neuroscience Section for Alcohol and Drug Dependence Research, M4:02, 171 76 Stockholm.



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