

# A Self-Test for Cocaine or Crack-Cocaine Addiction

Yes / No

1. Do you ever use more Cocaine or Crack-Cocaine than you planned?
2. Has the use of Cocaine or Crack-Cocaine interfered with your job?
3. Is your Cocaine or Crack-Cocaine use causing conflict with your spouse or Family?
4. Do you feel depressed, guilty, or remorseful after you use Cocaine or Crack-Cocaine?
5. Do you use whatever Cocaine or Crack-Cocaine you have almost continuously until the supply is gone?
6. Have you ever experienced sinus problems or nosebleeds due to Cocaine or Crack-Cocaine use?
7. Do you ever wish that you had never taken that first line, hit, or injection of Cocaine or Crack-Cocaine?
8. Have you experienced chest pains or rapid or irregular heart beats when using Cocaine or Crack-Cocaine?
9. Do you have an obsession to get Cocaine or Crack-Cocaine when you don't have it?
10. Are you experiencing financial difficulties due to your Cocaine or Crack-Cocaine use?
11. Do you experience an anticipation high just knowing you are about to use Cocaine or Crack-Cocaine?
12. After using Cocaine or Crack-Cocaine, do you have difficulty sleeping without taking a drink or another drug?
13. Are you absorbed with the thought of getting loaded even while interacting with a friend or loved one?
14. Have you begun to use drugs or drink alone?
15. Do you ever have feelings that people are talking about you or watching you?
16. Do you use larger doses of drugs or alcohol to get the same high you once experienced?
17. Have you tried to quit or cut down on your Cocaine or Crack-Cocaine use only to find that you couldn't?
18. Have any of your friends suggested that you may have a problem?
19. Have you ever lied to or misled those around you about how much or how often you use?
20. Do you use drugs in your car, at work, in the bathroom, on airplanes, or other public places?
21. Are you afraid that if you stop using Cocaine or Crack-Cocaine or Alcohol that your work will suffer or you will lose your energy, motivation, or confidence?
22. Do you spend time with people or in places you otherwise would not be around but for the availability of drugs?
23. Have you ever stolen drugs or money from friends or family?

**If you have answered "Yes" to any of these questions, you or a family member might have a Cocaine or Crack-Cocaine problem. This checklist is adapted from Cocaine Anonymous World Service Conference approved Literature.**

**For more information on Cocaine or Crack-Cocaine, or other substances contact the TAADAS Statewide Clearinghouse at 615.780.5901 or the Tennessee REDLINE 1.800.889.9789. The Clearinghouse is located at 1800 Church Street, Suite 100, Nashville, TN 37203. The Clearinghouse is funded by the TN. Dept. of Health.**