

Concerned about a possible drug abuse problem?

Answer the questions below:

1. Have you used drugs other than those required for medical reasons? Yes No
2. Do you abuse more than one drug at a time? Yes No
3. Are you unable to stop using drugs when you want to? Yes No
4. Have you ever had blackouts or flashbacks as a result of drug use? Yes No
5. Do you ever feel bad or guilty about your drug use? Yes No
6. Has your spouse (or parents) ever complain about your involvement with drugs? Yes No
7. Have you neglected your family because of your drug use? Yes No
8. Have you engaged in illegal activities in order to obtain drugs? Yes No
9. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? Yes No
10. Have you had medical problems as a result of your drug use (e.g. Memory loss, hepatitis, convulsions, bleeding)? Yes No

If you answered yes to 1 or more of the above questions and are concerned about your drug use; to speak with a professional contact your EAP at 1-866-327-8242 today.

<http://www.projectcork.org/index.html>