



Substance Use and Abuse Symptoms Checklist

Physical Symptoms	YES	NO
Mark "Yes" or "No" To All That Apply Since The Traumatic Event		
1. I have bloodshot eyes, or my pupils are smaller or larger than usual		
2. I sleep too much, sleep too little, or wake up frequently		
3. I have lost weight or gained weight		
4. I have poor physical health		
5. I have slurred speech		
6. I have tremors		
7. I have impaired vision, hearing, and coordination		
8. I have unusual odors on my breath and/or body		
9. I have high blood pressure and an increased heart rate		
10. I have impaired judgment		

Behavioral Symptoms	YES	NO
Mark "Yes" or "No" To All That Apply Since the Traumatic Event		
1. I feel uncomfortable in social, school, or work situations where I don't have alcohol or drugs		
2. I enjoy planning events that involve alcohol or drugs		
3. I get upset and/or angry if my supply of alcohol and drugs are used up or cut off		
4. I drive while I am under the influence of substances		
5. I justify or rationalize my substance use		
6. I miss appointments or show up late		
7. I experience financial problems from substance use		
8. I engage in violent and/or aggressive behavior		
9. I use my substances alone (by myself)		
10. I get irritated if someone wants to discuss my substance use		

Psychological Symptoms	YES	NO
Mark "Yes" or "No" To All That Apply Since the Traumatic Event		
1. I am fearful and paranoid		
2. I feel agitated a lot of the time		
3. I experience mood swings and anger outbursts		
4. I have increased or decreased energy		
5. I experience confusion		
6. I hallucinate		
7. I have lost interest in family, friends, sports, and hobbies		
8. I am sexually impotent or have difficulty functioning sexually		
9. I experience depression and/or anxiety		
10. I experience guilt and/or shame		