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# DUDIT

Drug Use Disorders Identification Test

**Here are a few questions about drugs.** Please answer as correctly and honestly as possible by indicating which answer is right for you.

 <input type="checkbox"/> <b>Man</b> <input type="checkbox"/> <b>Woman</b>				<b>Age</b>	<input style="width: 40px; height: 20px;" type="text"/>	
1. How often do you use drugs other than alcohol? (See list of drugs on back side.)	Never <input type="checkbox"/>	Once a month or less often <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times a week <input type="checkbox"/>	4 times a week or more often <input type="checkbox"/>	
2. Do you use more than one type of drug on the same occasion?	Never <input type="checkbox"/>	Once a month or less often <input type="checkbox"/>	2-4 times a month <input type="checkbox"/>	2-3 times a week <input type="checkbox"/>	4 times a week or more often <input type="checkbox"/>	
3. How many times do you take drugs on a typical day when you use drugs?	0 <input type="checkbox"/>	1-2 <input type="checkbox"/>	3-4 <input type="checkbox"/>	5-6 <input type="checkbox"/>	7 or more <input type="checkbox"/>	
4. How often are you influenced heavily by drugs?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>	
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>	
6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>	
7. How often over the past year have you taken drugs and then neglected to do something you should have done?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>	
8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>	
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never <input type="checkbox"/>	Less often than once a month <input type="checkbox"/>	Every month <input type="checkbox"/>	Every week <input type="checkbox"/>	Daily or almost every day <input type="checkbox"/>	
10. Have you or anyone else been hurt (mentally or physically) because you used drugs?	No <input type="checkbox"/>	Yes, but not over the past year <input type="checkbox"/>	Yes, over the past year <input type="checkbox"/>			
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?	No <input type="checkbox"/>	Yes, but not over the past year <input type="checkbox"/>	Yes, over the past year <input type="checkbox"/>			



# LIST OF DRUGS

(Note! Not alcohol!)

Cannabis	Amphetamines	Cocaine	Opiates	Hallucinogens	Solvents/inhalants	GHB and others
Marijuana	Methamphetamine	Crack	Smoked heroin	Ecstasy	Thinner	GHB
Hash	Phenmetraline	Freebase	Heroin	LSD (Lisergic acid)	Trichlorethylene	Anabolic steroids
Hash oil	Khat	Coca	Opium	Mescaline	Gasoline/petrol	Laughing gas (Halothane)
	Betel nut	leaves		Peyote	Gas	Amyl nitrate
	Ritaline (Methylphenidate)			PCP, angel dust (Phencyclidine)	Solution	(Poppers)
				Psilocybin	Glue	Anticholinergic compounds
				DMT (Dimethyltryptamine)		

## PILLS – MEDICINES

Pills count as drugs when you take

- more of them or take them more often than the doctor has prescribed for you
- pills because you want to have fun, feel good, get "high", or wonder what sort of effect they have on you
- pills that you have received from a relative or a friend
- pills that you have bought on the "black market" or stolen

### SLEEPING PILLS/SEDATIVES

Alprazolam	Glutethimide	Rohypnol
Amobarbital	Halcion	Secobarbital
Apodorm	Heminevrin	Sobril
Apozepam	Iktorivil	Sonata
Aprobarbital	Imovane	Stesolid
Butabarbital	Mephobarbital	Stilnoct
Butalbital	Meprobamate	Talbutal
Chloral hydrate	Methaqualone	Temesta
Diazepam	Methohexital	Thiamylal
Dormicum	Mogadon	Thiopental
Ethchlorvynol	Nitrazepam	Triazolam
Fenemal	Oxascand	Xanor
Flunitrazepam	Pentobarbital	Zopiklon
Fluscand	Phenobarbital	

### PAINKILLERS

Actiq	Durogesic	OxyNorm
Coccilana-Etyfin	Fentanyl	Panocod
Citodon	Ketodur	Panocod forte
Citodon forte	Ketogan	Paraflex comp
Dexodon	Kodein	Somadril
Depolan	Maxidon	Spasmofen
Dexofen	Metadon	Subutex
Dilaudid	Morfin	Temgesic
Distalgesic	Nobligan	Tiparol
Dolcontin	Norflex	Tradolan
Doleron	Norgesic	Tramadul
Dolotard	Opidol	Treo comp
Doloxene	OxyContin	

Pills do NOT count as drugs if they have been prescribed by a doctor and you take them in the prescribed dosage.