



**TDMHDD/BOPP Community Treatment Collaborative Program  
Simple Screening Instrument for anger management**

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Directions: This test will help find out if you are at risk for opioid dependence. Answer as honestly and accurately as you can.

These questions refer to the past 12 months:

1. Have you used drugs other than those needed for medical reasons?          Yes          No
2. Do you misuse more than one drug at a time?          Yes          No
3. Are you always able to stop using drugs/alcohol?          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. Does your spouse (or your parents) ever complain about your involvement with drugs?  
                Yes          No
7. Have you neglected your family because of your use of drugs?          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 drug?  
                Yes          No
10. Have you had medical problems as a result of your drug use (such as memory loss, hepatitis,  
                convulsions, bleeding)?  
                Yes          No