Drug Use Disorders Identification Test (DUDIT)

Patient name: John Smith **Age** 28 **Date of test:** 03/12/2024

Gender: Male **Healthcare professional:** Dr. Emily Thompson

Instructions:

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

1. How often do you use drugs other than alcohol? (See list of drugs on the next page).

☐	☐	☑	☐	☐
0 Never	1 Once a month or less	2 2-4 times a month	3 2-3 times a week	4 4 times a week or more often

2. Do you use more than one type of drug on the same occasion?

☐	☑	☐	☐	☐
0 Never	1 Once a month or less	2 2-4 times a month	3 2-3 times a week	4 4 times a week or more often

3. How many times do you take drugs on a typical day when you use drugs?

☐	☑	☐	☐	☐
0 0	1 1-2	2 3-4	3 5-6	4 7 or more

4. How often are you influenced heavily by drugs?

☐	☐	☑	☐	☐
0 Never	1 Less often than once a month	2 Every month	3 Every week	4 Daily or almost every day

5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?

☐	☑	☐	☐	☐
0 Never	1 Less often than once a month	2 Every month	3 Every week	4 Daily or almost every day

6. Has it happened, over the past year, that you have not been able to stop taking drugs once you started?

○	☑	☐	☐	☐
0 Never	1 Less often than once a month	2 Every month	3 Every week	4 Daily or almost every day

7. How often over the past year have you taken drugs and then neglected to do something you should have done?

0	1	2	3	4
Never	Less often than once a month	Every month	2-3 times a week	4 times a week or more often

8. How often over the past year have you needed to take a drug the morning after heavy drug use the day before?

0	1	2	3	4
Never	Less often than once a month	Every month	Every week	Daily or almost every day

9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?

0	1	2	3	4
Never	Less often than once a month	Every month	Every week	Daily or almost every day

10. Have you or anyone else been hurt (mentally or physically) because you used drugs?

0	2	4
No	Yes, but not over the past year	Yes, over the past year

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?

0	2	4
No	Yes, but not over the past year	Yes, over the past year

Total score: 15 **/ 44**

Scoring and interpretation

For items 1-9, responses are assigned values of 0, 1, 2, 3, or 4. Items 10 and 11 are scored as 0, 2, or 4. Add up the scores for all 11 items, with a maximum possible score of 44.

- **A male client with 6 points or more probably has drug-related problems.**
- **A female client with 2 points or more probably has drug-related problems.**
- **A client with 25 points or more is probably heavily dependent on drugs.**

Remarks

For a male client with 6 points or more: John may have drug-related problems.
A client with 25 points or more is likely heavily dependent on drugs.

John's score of 15 suggests there may be some drug-related issues that require further exploration and possibly intervention.

List of drugs (not alcohol)
Cannabis: Marijuana, Hash, Hash oil
Amphetamines: Methamphetamine, Phenmetraline, Khat, Betel nut, Ritaline(Methylphenidate)
Cocaine: Crack, Freebase, Coca, Leaves
Opiates: Smoked heroin, Heroin, Opium
Hallucinogens: Ecstasy LSD (Lisergic acid), Mescaline Peyote PCP, angel dust(Phencyclidine), DMT(Dimethyltryptamine)
Solvents/inhalants: Thinner, Trichlorethylene, Gasoline/petrol, Gas, Solution, Glue
GHB and others: GHB, Anabolic steroids, Laughing gas(Halothane), Amyl nitrate(Poppers), Anticholinergic compounds

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

References

Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2003). DUDIT: The Drug Use Disorders Identification Test manual. Karolinska Institutet.

Berman, A. H., Bergman, H., Palmstierna, T., & Schlyter, F. (2004). Evaluation of the Drug Use Disorders Identification Test (DUDIT) in criminal justice and detoxification settings and in a Swedish population sample. European Addiction Research, 11(1), 22–31. https://doi.org/10.1159/000081413