



## Evaluating the Severity of Addiction

**Instructions:** Read the following descriptive statements. Mark the answer that most accurately describes your potentially addictive behaviors when they were at their worst *in the last three months*. If you struggle with multiple addictions, you may either complete a separate evaluation for each addiction or answer according to whichever addictive behavior is most intense for that item.

**(N) almost never, (R) rarely, (S) sometimes, (F) frequently, or (A) almost always.**

For the most accurate results, ask one person who is aware of your addictive behaviors from each major sphere of your life (i.e., home, work, social, church small group, etc...) to complete this survey on your behalf and compare results. If you chose to enlist others, you must be willing to hear their perspective without arguing or debating. One sphere does not negate another. For instance, a good report from a friend does not mean your spouse is inaccurate about your actions.

In this assessment AoD stands for “alcohol or drugs” and can be read to include tobacco products, legal medications not used according to prescription, or behaviors known to be personally or relationally destructive.

A self-scoring on-line version of this evaluation can be found at: [bradhambrick.com/addiction](http://bradhambrick.com/addiction).

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|--|---|---|---|---|---|
| 1. I have used AoD to a degree that impaired my judgement or self-control.                       | N | R | S | F | A |
| 2. When using AoD I have embarrassed myself or damaged my reputation.                            | N | R | S | F | A |
| 3. I have been a poor steward of my time due to my consumption of AoD.                           | N | R | S | F | A |
| 4. How much I can drink or use without being impaired is a point of pride.                       | N | R | S | F | A |
| 5. What or how much I have used AoD has exceeded what I meant to consume.                        | N | R | S | F | A |
| 6. I have used alcohol under age, prescriptions meds for non-medical purposes, or illegal drugs. | N | R | S | F | A |
| 7. I have been significantly impaired or passed out while using AoD.                             | N | R | S | F | A |
| 8. I sometimes feel guilty after using AoD.  | N | R | S | F | A |
| 9. I have hurt or offended loved ones and friends while using AoD.                               | N | R | S | F | A |
| 10. What I see as right, wrong, or permissible has changed since I began using AoD.              | N | R | S | F | A |
| 11. My conscience before I used AoD would be offended by how I use them now.                     | N | R | S | F | A |
| 12. Defending my actions and my friends play a central role in how I weigh moral assessments.    | N | R | S | F | A |
| 13. I am beginning to plan my week around acquiring and consuming AoD.                           | N | R | S | F | A |
| 14. Managing difficult emotions has become a reason I use AoD.                                   | N | R | S | F | A |
| 15. I would feel cheated if someone around me had AoD and I did not participate.                 | N | R | S | F | A |
| 16. The rhythm of my week would be disrupted if there was no AoD.                                | N | R | S | F | A |
| 17. When I know someone doesn't drink or use drugs I doubt how deep friendship could be.         | N | R | S | F | A |
| 18. When making financial decisions I consider whether I will have the funds necessary for AoD.  | N | R | S | F | A |
| 19. I have strong association between mundane activities (i.e., meals, places, moods) and AoD.   | N | R | S | F | A |
| 20. I lie about my consumption of AoD.   | N | R | S | F | A |
| 21. I have noticed that it takes more AoD to have the same effect.                               | N | R | S | F | A |
| 22. AoD no longer has the “new high” feel I remember at first.                                   | N | R | S | F | A |
| 23. I spend more money to buy and time consuming AoD than I did initially.                       | N | R | S | F | A |
| 24. I buy higher proof alcohol or better quality drugs than I did initially.                     | N | R | S | F | A |
| 25. I have learned to manage the experience of a hangover better than I did initially.           | N | R | S | F | A |
| 26. I feel less “normal” when I have not had AoD.  | N | R | S | F | A |
| 27. Without AoD I feel anxious, restless, irritable, have headaches, or can't concentrate.       | N | R | S | F | A |
| 28. Without AoD I experience sweating, muscle tension, chest tightness, tremors, or nausea.      | N | R | S | F | A |
| 29. Without AoD my family and friends find me less pleasant to be around.                        | N | R | S | F | A |
| 30. I know that quitting AoD would be a physical challenge for me.                               | N | R | S | F | A |
| 31. When I have not had AoD for a while I begin to crave it.                                     | N | R | S | F | A |
| 32. I find it harder to manage my emotions or difficult situations without AoD.                  | N | R | S | F | A |
| 33. When I have done something good, AoD is one of my top rewards of choice.                     | N | R | S | F | A |
| 34. Not having AoD feels more punishing than having AoD is rewarding.                            | N | R | S | F | A |
| 35. My desire for AoD is stronger than my desire for things like food or friends.                | N | R | S | F | A |
| 36. My AoD has strained my relationship with family and friends. I am more isolated.             | N | R | S | F | A |
| 37. I have chosen to continue using AoD even when it cost me friends I used to consider close.   | N | R | S | F | A |
| 38. I do not have as quality of a relationship with my children as I would if I didn't use AoD.  | N | R | S | F | A |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 39. Family and/or friends have confronted me about my need to stop using AoD.                     | N | R | S | F | A |
| 40. My use of AoD has resulted in a negative performance evaluation or job loss.                  | N | R | S | F | A |
| 41. I have experienced a change in my weight because of my use of AoD.                            | N | R | S | F | A |
| 42. I have sustained an injury while using AoD.   | N | R | S | F | A |
| 43. My immune system is weaker because of AoD (i.e., you get sick frequently).                    | N | R | S | F | A |
| 44. I experience constipation, irritable bowel, or appetite changes because of my AoD use.        | N | R | S | F | A |
| 45. I am forgetting or losing more things (decreased brain functioning) because of my AoD use.    | N | R | S | F | A |
| 45. I have been arrested (or could have been) because of my AoD use.                              | N | R | S | F | A |
| 46. I have experienced a major emotional breakdown or explosion because of my AoD use.            | N | R | S | F | A |
| 47. My actions while using AoD have resulted in life threatening events.                          | N | R | S | F | A |
| 48. I lost custody of my children (even temporarily) or lost other rights because of my AoD use.  | N | R | S | F | A |
| 49. I have needed to hire an attorney or go to court for my AoD related activities.               | N | R | S | F | A |
| 50. Even in the face of negative consequences I still think life is better with AoD than without. | N | R | S | F | A |

**Key to Survey Scoring:** Give yourself one point for an “S” response, two points for an “F” response, and three points for an “A” response. If your total score matches the total number of questions in a given subset, that is an area of concern. If your total score comes close to doubling the total number of questions, it is a significant concern. If your total score more than doubles the total number of questions, it should be considered a life-dominating struggle.

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The material for this evaluation is arranged into three categories, which are commonly recognized in addiction research; although different counselors use different vocabulary. Understanding these categories will help you utilize what you learn from this evaluation.

| Stage of Addiction | Common Addiction Language | Craig Nakken Language in <i>The Addictive Personality</i> | Ed Welch Language in <i>Addictions: A Banquet in the Grave</i> |
|--------------------|---------------------------|---|--|
| Stage One          | Use                       | Internal Change   | Sin  |
| Stage Two          | Abuse                     | Lifestyle Change  | Slavery  |
| Stage Three        | Dependence                | Life Breakdown  | Tragedy  |

“Sin is the fundamental problem, from start to finish. However, there are differences between the early and later stages of certain sins (p. 37).” Ed Welch in *Addictions: A Banquet in the Grave*

**Use / Internal Change / Sin:** Addiction begins with unwise or immoral experimentation. In order to get to addiction we must cross lines of folly and sin. In order to reclaim sobriety we must trace our steps back across these lines. These are simple principles which are profoundly challenging for at least two reasons. First, sin is not just something we do (behaviors) but our innate inclination from birth (condition of depravity). As a result of the Fall we are all prone to self-destructive excess in some way. Second, eventually as an addiction develops, the practice becomes more instinctual than volitional and, therefore, has a greater grip on our life than more episodic sins we commit.

- Questions 1-5: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **violating wisdom principles**. Even if your potentially addictive behavior is morally and legally permissible, in order for it to become a controlling presence in your life it must cross over the line of wisdom into folly. After an addictive behavior has gained a controlling presence in our lives, these parameters become even more important to us than they are for individuals who have not had an addictive relationship with our substance of choice. For this reason, as you go through this study you will be examining how you were willing to make unwise choices in greater detail. Wisdom will be one of your greatest friends in the pursuit of sobriety (Proverbs 1:20-33, take comfort in the fact that wisdom is pursuing you even when you are not pursuing wisdom).

- Questions 6-10: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **violating moral precepts**. In order for an addictive behavior to gain control in our lives we must also cross moral lines into sin. Two key principles reveal this is happening. First, we begin to rely on our addiction for things that only God can provide (i.e., comfort, strength, courage, etc...). Second, we rely on our addiction to resolve

problems created by our addiction. For instance, we fail to love our neighbor as ourselves because of being intoxicated and then re-engage our addiction to escape the stress that our friend or spouse is upset with us.

- Questions 11-15: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **fading of conscience and loss of will power**. As a potential addiction gains control the fact that the action is unwise or wrong becomes less important than the fact that our conscience is callousing and our will is weakening. We enter a new phase of danger when we no longer experience our increasingly addictive behavior as destructive and no longer have the desire to forsake it when we see the destruction. These capacities must be rekindled in order for us to be willing to fight the addiction (will) or acknowledge the need to do so (conscience). We are dependent upon God to do this perpetual awakening (Ephesians 2:1-3) and we seek God earnestly to do this awakening (Philippians 2:12-13).

**Abuse / Lifestyle Change / Slavery:** We often will not admit the impact of an addiction until we begin to reap its most severe consequences (phase 3 below). But there is a phase when the will and conscience have not been completely seared and life is not falling apart, yet the role of our addiction is becoming increasingly central to our lives. This phase has both the physiological markers of tolerance and withdrawal, and psychological markers of a conforming life and cravings.

- Questions 16-20: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **lifestyle adapting to addiction**. In order to become permanent, like any other habit, addiction must make itself at home in the rhythms of your life in order to be resistant to extinction as your circumstances change. Taking note of and countering these lifestyle adaptations are another essential part of developing an effective and sustainable plan for overcoming addiction. Therefore, more attention will be given to understanding these changes in subsequent parts of this study.

“It takes choice and commitment to continue to obtain effective access and to seek the addictive behavior when there are negative personal and social consequences that begin to emerge... The addicted individual appears to be functioning more on autopilot than choosing. Nevertheless, a chosen commitment to the addictive behavior continues (p. 50)... There are virtually hundreds of little decisions that are made daily and weekly to ensure access to the behavior. Arranging schedules, making excuses, sneaking off for periods of time, and minimizing consequences are all part of the process of protecting continued engagement in the addiction (p. 52).” Carlo DiClemente in *Addictions and Change*

- Questions 21-25: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **tolerance**. Our bodies were made by God to be remarkably adaptive; for better or worse. As you engage your addiction, your body creates a “new normal” to accommodate this new substance or practice. The result is that you have to increase the intensity of your addictive activity in order to experience the same effect. For instance, as you drink alcohol, your body adapts by producing more alcohol metabolizing enzymes. The result is (a) your body becomes more efficient at processing alcohol, so (b) it takes more alcohol to reach intoxication because of your body’s newly developed efficiency.

- Questions 26-30: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **withdrawal**. Tolerance leads to withdrawal. If tolerance means your body is adapting a “new normal” to accommodate your addictive substance, then withdrawal is your body’s response to the absence of this “new normal.” For this reason, withdrawal symptoms tend to be the opposite of the pleasurable effects of your AoD of choice. For example, withdrawing from stimulants leaves you feeling lethargic, or withdrawing from abusing pain medications result in you feeling achy (in excess of whatever pain you may have been trying to medicate).

- Questions 31-35: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **psychological dependence / craving**. Even for substances and activities that do not create tolerance and withdrawal, psychological dependence can still emerge and become enslaving through the experience of craving. Addictions alter the reward center of the brain and thereby our motivational systems (which are more soul-mind than body). This is why we can experience controlling cravings even when the biological phenomena of tolerance and withdrawal are not occurring. This is also why addiction cannot be reduced to biology or neurology.

“The desire of psychological cravings is unlike any other type of desire, not in its intensity – which can vary widely – but rather in its resilience. Addictive desires are indefatigably persistent (p. 49).” Kent Dunnington in *Addiction and Virtue: Beyond the Models of Disease and Choice*

**Dependence / Life Breakdown / Tragedy:** When you surrender control to a substance or activity that only cares for its own self-preservation your life will fall apart. Sin, the predatory evil present in and around all our lives, is seeking our demise (1 Peter 5:8). It begins by making promises (which looking back we realize it could never keep), but is only concerned with its own flourishing. This exemplifies why we believe addictions are intensely spiritual experiences. Addiction is the epitome of our flesh ruling over God’s Spirit in our lives (Galatians 5:16-24). At this point, we see the fruit of our Enemy’s selfish reign in bold contrast to the fruit of God’s benevolent reign over our lives (John 10:10-11). Sobriety is not about the absence of a particular behavior as much as it is about the presence of a new allegiance in your life.

➤ Questions 36-40: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **relational and professional damage**. Sin is more relational than it is behavioral; it is about who and what we value most more than what we do. For this reason, some of sin’s most profound destruction will occur in our relationships: marriages, families, friendships, churches, and workplaces. The longer we remain willfully blind to this damage the longer and harder the restoring of trust will be. That is why the best time to begin addressing an addiction is always “now.”

➤ Questions 41-45: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **health damage**. While our bodies are incredibly adaptive (see tolerance), this adaptation does not avert damaging health effects. The changes in our body and neural chemistry created by addiction leave a living state that is increasingly distant from God’s design for a healthy human body. The sooner you are willing to acknowledge these changes, the more their impact can be averted or countered.

➤ Questions 45-50: ( Total: \_\_\_\_\_ in 5 questions)

This set of questions describes **tragic life consequences**. The ability of addiction to destroy our lives goes beyond our relationships and bodies. Financial ruin and legal consequences are only two of many examples that could be given. As with anything in the “Tragedy – Phase 3” level of the addictive process, if you are not currently experiencing these effects, do not allow this to become a “things aren’t that bad” excuse. If you are at Phase 2, then allow these Phase 3 criteria to be a warning instead of a tool for minimization and denial.