

### Screening Tool Domain – DUDIT

***Client – Because drug use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of drugs. Your answers will remain confidential within the Substance Misuse Service, so please be honest. In event that these results need to be shared as part of your care plan, we will discuss with you why sharing is necessary, seek your consent to share and ask you to sign a Release of Information Form. You may refuse at any time to have these results shared.***

***For each question in the chart below, please X in one box that best describes your answers***

Male ( ) Female ( ) Age ( )	0	1	2	3	4	Score
1. How often do you use drugs other than alcohol?	Never	Once a month or less often	2-4 times a month	2-3 times A week	4 times a week or more	<b><i>Objective: Frequency per week/month</i></b>
2. Do you use more than one type of drug on the same occasion?	Never	Once a month or less often	2-4 times a month	2-3 times A week	4 times a week or more often	<b><i>Objective: Poly-drug use</i></b>
3. How many times do you take drugs on a typical day when you use drugs?	0	1-2	3-4	5-6	7 or more	<b><i>Objective: Frequency per day</i></b>
4. How often are you heavily influenced by drugs	Never	Less often than once a month	Every month	Every week	Daily or almost daily	<b><i>Objective: Heavy use</i></b>
5. Over the past year, have you felt that your longing for drugs was so strong that you could not resist it?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	<b><i>Objective: Craving</i></b>
6. Has it happened, over the past year that you have not been able to stop taking drugs once you started?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	<b><i>Objective: Loss of control</i></b>
7. How often over the past year have you taken drugs and then not done something you should have done?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	<b><i>Objective: Priorisation of drug use</i></b>
8. How often over the past year have you needed to take a drug	Never	Less often than once a month	Every month	Every week	Daily or almost daily	<b><i>Objective:</i></b>

the morning after heavy drug use the day before?						<b>'Eye opener' or Hair of the dog</b>
9. How often over the past year have you had guilt feelings or a bad conscience because you used drugs?	Never	Less often than once a month	Every month	Every week	Daily or almost daily	<b>Objective: Guilt feelings</b>
10. Have you or anyone else been mentally/physically hurt because you used drugs?	No	Yes, but not over the last year	Yes, over the last year			<b>Objective: Harmful use</b>
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	Yes, but not over the last year	Yes, over the last year			<b>Objective: Concern from others</b>

**Total DUDIT Score -**

### **DUDIT Scoring Guidance**

Feel free to show the form to the person you are interviewing and fill it out together.

Questions 1 to 9 are scored 0, 1, 2, 3 or 4.

Questions 10 and 11 are scored 0, 2 or 4.

The maximum score is 44.

A client with 25 points or more is probably heavily dependent on drugs.