

# Are You Addicted to Alcohol or Drugs?

	Yes	No		Yes	No
1. Do you lose time from work due to alcohol or drug use?	<input type="checkbox"/>	<input type="checkbox"/>	13. Has your efficiency decreased since using drugs?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is drug use making your home life unhappy?	<input type="checkbox"/>	<input type="checkbox"/>	14. Is using drugs jeopardizing your job or business?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you use drugs because you are shy around other people?	<input type="checkbox"/>	<input type="checkbox"/>	15. Do you use drugs to escape from troubles or worries?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is using drugs affecting your reputation?	<input type="checkbox"/>	<input type="checkbox"/>	16. Do you use drugs alone?	<input type="checkbox"/>	<input type="checkbox"/>
5. Have you ever felt remorse after using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	17. Have you ever had a loss of memory as a result of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you had financial difficulties as a result of your drug use?	<input type="checkbox"/>	<input type="checkbox"/>	18. Has your physician ever treated you for drug use?	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you turn to inferior companions and environment when using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	19. Do you use drugs to build self-confidence?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your drug use make you careless of your family's welfare?	<input type="checkbox"/>	<input type="checkbox"/>	20. Have you ever been to a hospital or institution because of drug use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Has your ambition decreased since using drugs?	<input type="checkbox"/>	<input type="checkbox"/>	<p>If you answered "yes" to any question, you may be addicted or have an alcohol or drug problem. Please contact the Lutheran Family Services office nearest you to schedule an appointment with a counselor.</p>		
10. Do you crave drugs at a definite time daily?	<input type="checkbox"/>	<input type="checkbox"/>			
11. Do you want to use drugs the next morning?	<input type="checkbox"/>	<input type="checkbox"/>			
12. Does using drugs cause you to have difficulty sleeping?	<input type="checkbox"/>	<input type="checkbox"/>			



*Funds for LFS are received in part from the United Way of the Midlands, the Fremont United Way, Lutherans and Lutheran churches in Nebraska, and Region VI Behavioral Healthcare. Special funding was received from Terry Watanabe Charitable Trust and other grant sources to develop or subsidize specialized services for those unable to pay full fee.*

## Service Locations

**Bellevue**  
730 North Fort Crook Road  
(402) 292-9105

**Blair**  
403 South 16th Street, Suite C  
(402) 426-5454

**Fremont**  
513 North D Street  
(402) 721-1774

**Omaha - Downtown**  
120 South 24th Street, Suite 100  
(402) 342-7007

**Omaha - North**  
2401 Lake Street, Suite 110  
(402) 455-9757

**Papillion**  
Midlands Medical Center  
401 E. Gold Coast Road, Suite 215  
(402) 592-0639

**Plattsmouth**  
546 Avenue A, Suite 1  
(402) 342-7007

*For Intensive Outpatient Chemical Dependency Treatment, call (402) 342-7007.*



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## Common Signs of Substance Abuse

