

Client Information

<i>Client Name</i>	Client Demo
<i>Date of birth (age)</i>	18 January 1998 (22)

Assessment Information

<i>Assessment</i>	Drug Use Disorders Identification Test (DUDIT)
<i>Date administered</i>	7 October 2020
<i>Assessor</i>	Mr Demo Assessor
<i>Time taken</i>	1 minutes 26 seconds

Results

		Value
	Total	22

Scoring and Interpretation Information

	<p>Scores are presented as a total score, which can be between 0 to 44.</p> <p>If a male client shows a score of 6 or more points, he probably has drug related problems – either substance abuse/harmful use or dependence. A woman with a score of 2 or more points probably has drug-related problems. If a client (either sex) shows a score of 25 points or more, it is highly probable that he or she is dependent on one or more drugs.</p>
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Client Responses

1	How often do you use drugs other than alcohol?
	<ul style="list-style-type: none"> 0 Never 1 Monthly or less 2 2-4 times a month 3 2-3 times a week 4 4 or more times a week
2	How often do you use more than one drug on the same occasion?
	<ul style="list-style-type: none"> 0 Never 1 Less than monthly 2 Monthly 3 Weekly 4 Daily or almost daily

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Client Responses (cont.)

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 Never 1 Less often than once a month 2 Every month 3 Every week 4 Daily or almost every day
8	How often over the past year have you needed to take a drug the morning after heavy drug use the day before?
	0 Never 1 Less often than once a month 2 Every month 3 Every week 4 Daily or almost every day

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Client Responses (cont.)

9	How often over the past year have you had guilt feelings or a bad conscience because you used drugs?
	0 Never 1 Less often than once a month 2 Every month 3 Every week 4 Daily or almost every day
10	Have you or anyone else been hurt (mentally or physically) because you used drugs?
	0 No 2 Yes, but not over the past year 4 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 No 2 Yes, but not over the past year 4 Yes, over the past year