

General Addiction Assessment Questionnaire

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Instructions: For each question, please circle the number that best describes your experience over the past month.

0 = Not at all

1 = Sometimes

2 = Often

3 = Always

1. How often do you have strong urges or cravings to use the substance or engage in the behavior?

- 0

- 1

- 2

- 3

2. How often do you find it difficult to control or stop using the substance or engaging in the behavior?

- 0

- 1

- 2

- 3

3. How often do you need to use more of the substance or engage more in the behavior to achieve the same effect?

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- 0

- 1

- 2

- 3

4. How often do you experience physical or emotional withdrawal symptoms when you try to stop using the substance or engaging in the behavior?

- 0

- 1

- 2

- 3

5. How often do you neglect your responsibilities at work, school, or home due to your use of the substance or engagement in the behavior?

- 0

- 1

- 2

- 3

6. How often do you continue to use the substance or engage in the behavior despite knowing it causes problems in your life?

- 0

- 1

- 2

- 3

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7. How often do you spend a lot of time obtaining, using, or recovering from the substance or behavior?

- 0

- 1

- 2

- 3

8. How often do you lose interest in other activities or hobbies because of your use of the substance or engagement in the behavior?

- 0

- 1

- 2

- 3

9. How often do you continue to use the substance or engage in the behavior in situations where it is physically dangerous (e.g., driving, operating machinery)?

- 0

- 1

- 2

- 3

10. How often do you feel guilty or ashamed about your use of the substance or engagement in the behavior?

- 0

- 1

- 2

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- 3

Scoring and Severity Rating

To determine the severity of addiction, sum the scores for all 10 questions. The total score can range from 0 to 30. Use the following scale to rate the severity:

0-6: Mild

7-15: Moderate

16-24: Severe

25-30: Very Severe