## designed to help you determine if you are a pill addict: ■ 1. Has your doctor, spouse or anyone else expressed concern about your use of medications? **2.** Have you ever decided to stop taking pills only to find yourself taking them again contrary to your earlier decision? ☐ 3. Have you ever felt remorse or concern about taking pills? ■ 4. Has your efficiency or ambition decreased since taking pills? ■ 5. Have you established a supply for purse or pocket or to hide away in case of emergency? ■ 6. Have you ever been treated by a physician or hospital for excessive use of pills (whether or not in combination with other substances)? ☐ 7. Have you changed doctors or pharmacies for the purpose of maintaining your supply? ■ 8. Have you received the same medication from two or more physicians or pharmacists at approximately the same time? ☐ 9. Have you ever been turned down for a refill? ☐ 10. Have you ever taken other people's pills with or without their

permission or obtained them illegally?

Here are the 20 questions

☐ 11. Have you taken the same pain or
sleep medication for a prolonged period of
time only to find you still have the same
symptoms?
■ 12. Have you ever informed your
physician as to which pill works best at
which dosage and had them adjust the
prescription to your recommendations?
☐ 13. Have you increased the dosage,
strength or frequency of your pills over the
past months or years?
☐ <b>14.</b> Are your pills quite important to you;
e.g., do you worry about refills long before
running out?
☐ 15. Do you become annoyed or
uncomfortable when others talk about your
use of pills?
☐ 16. Have you or anyone else noticed a
change of personality when you take your
pills, or when you stop taking them?
☐ 17. Have you ever taken your medication
before you had the associated symptom?
■ 18. Have you ever been embarrassed by
your behavior when under the influence of
your pills?
■ 19. Do you ever sneak or hide your pills?
☐ 20. Do you find it impossible to stop or to
go for a prolonged period without your
pills?
If you answered yes to three or more of
these questions, then our experience
would indicate that you may be one of us.

## Pills Anonymous World Service Inc. 14747 N Northsight Blvd. Suite 111-132 Scottsdale, AZ 85260

The Twenty Questions were reprinted and adapted with permission from *There's More to Quitting Drinking than Quitting Drinking* by Dr. Paul O.

## ARE YOU A PILL ADDICT?





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