

Lawyers Assistance Program Self-Tests

Depression Self-Tests*

Here are two self-screening tests developed by Dr. Douglas G. Jacobs, a key figure in National Depression Screening Day (each October). They are not intended to substitute for a professional evaluation, needed to actually make a diagnosis of depression or bipolar disorder. You may also wish to visit the [National Depression Screening](#) site.

Depression:

If you answer "yes" to 5 or more of the following questions and have felt this way every day for several weeks, there is a good chance you are suffering from depression and should see a licensed mental health professional. **If you answered "yes" to question 10, you should seek help immediately, regardless of your answer to any other question.**

Please call the Lawyer Assistance Program (516-512-2618) for a referral.

1. I am unable to do the things I used to do.
2. I feel hopeless about the future.
3. I can't make decisions.
4. I feel sluggish or restless.
5. I am gaining or losing weight.
6. I get tired for no reason.
7. I am sleeping too much, or too little.
8. I feel unhappy.
9. I become irritable or anxious.
10. I think about dying or killing myself.

Mania:

If you answer "yes" to 5 or more of the following questions and have felt this way every day for several weeks, there is a good chance you are suffering from mania or bipolar disorder and should see a licensed mental health professional. **If you answered "yes" to question 10, you should seek help immediately, regardless of your answer to any other question.**

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1. I have a decreased need for sleep.
2. I have much more energy than usual.

3. My thinking is sped up.
4. I feel unusually euphoric and "high."
5. I can't seem to stop talking.
6. I can't keep my mind on one thing—I jump from task to task.
7. I have a heightened interest in sex.
8. I am irritable and short-tempered.
9. I have a close blood relative who has had a serious emotional illness or alcohol use.
10. I think about dying or killing myself.

Alcohol/Drug Self-Test*

Below is a series of questions about alcohol and/or drug use. This is an informal inventory of "tell-tale signs" with many items tailored to lawyers. It is not a list of official diagnostic criteria and does not substitute for a professional evaluation.

A "yes" answer to *any of these questions* suggests that it would be wise to seek professional evaluation even though this may or may not indicate that you have a diagnosable substance use disorder. Evaluations of alcohol/drug problems should be performed by a masters-level clinician with certification in the identification and treatment of substance use disorders. Please call the Lawyer Assistance Program (516-512-2618) for a referral.

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1. Do I plan my office routine around my drinking or drug use?
2. Have I tried unsuccessfully to control or abstain from alcohol or drugs?
3. Do my clients, associates, or support personnel contend that my alcohol/drug use interferes with my work?
4. Have I avoided important professional, social, or recreational activities as a result of my alcohol/drug use?
5. Do I ever use alcohol or drugs before meetings or court appearances, to calm my nerves, or to feel more confident of my performance?
6. Do I frequently drink or use drugs alone?
7. Have I ever neglected the running of my office or misused funds because of my alcohol or drug use?
8. Have I ever had a loss of memory when I seemed to be alert and functioning but had been using alcohol or drugs?
9. Have I missed or adjourned closings, court appearances, or other appointments because of my alcohol/drug use?

10. Is drinking or drug use leading me to become careless of my family's welfare or other personal responsibilities?
11. Has my ambition or efficiency decreased along with an increase in my use of drugs or alcohol?
12. Have I continued to drink or use drugs despite adverse consequences to my practice, health, legal status, or family relationships?
13. Are strong emotions, related to my drinking or drug use (e.g., fear, guilt, depression, severe anxiety) interfering with my ability to function professionally?
14. Are otherwise close friends avoiding being around me because of my alcohol or drug use?
15. Have I been neglecting my hygiene, health care, or nutrition?
16. Am I becoming increasingly reluctant to face my clients or colleagues in order to hide my alcohol/drug use?