



Client Information

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| <i>Client Name</i> | Generic Client |
| <i>Date of birth (age)</i> | 14 December 1980 (43) |

Assessment Information

| | |
|--------------------------|--------------------------------------|
| <i>Assessment</i> | Leeds Dependence Questionnaire (LDQ) |
| <i>Date administered</i> | 1 May 2024 |
| <i>Assessor</i> | Dr David Hegarty |
| <i>Time taken</i> | 0 minutes 49 seconds |

Results

| | Total Score (0-30) | Descriptor |
|-------|--------------------|-------------------|
| Total | 19 | Medium dependence |

Interpretive Text

NOTE. Using Male specific severity ratings.

Scoring and Interpretation Information

A total score is presented (0 - 30) where a higher score is indicative of more severe substance dependence. It is best to see substance dependence as continuum; the higher the score, the stronger the dependence. As scores get higher it is more difficult to cut down on substance use.

For ease of reference, descriptors are provided for the total score based upon prior research. Scores of 10 or less are considered to be "low dependence" for males and scores of 5 or less for females (Raistrick et al., 2014; note that 8 or less is chosen if no gender was specified but this should be interpreted with caution) whereas scores between 11 (or 6 or 9, depending upon gender) and 20 are considered to be "moderate dependence" and scores above 20 are considered "high dependence" (Patton-Simpson & MacKinnon, 1999).

Given that a reliable change score of 4 was determined by Raistrick et al. (2014), interpretive text will be provided upon multiple administrations of the LDQ to outline changes from the initial score for the client. The clinically significant change score was 10 or less for males and 5 or less for females (Raistrick et al., 2014).

Client Responses



| | |
|--------------------|----------------|
| Client Name | Generic Client |
|--------------------|----------------|

| | | Never | Sometimes | Often | Nearly always |
|----|---|-------|-----------|-------|---------------|
| 1 | Do you find yourself thinking about when you will next be able to have another drink or take drugs? | 0 | 1 | 2 | 3 |
| 2 | Is drinking or taking drugs more important than anything else you might do during the day? | 0 | 1 | 2 | 3 |
| 3 | Do you feel your need for drink or drugs is too strong to control? | 0 | 1 | 2 | 3 |
| 4 | Do you plan your days around getting and taking drink or drugs? | 0 | 1 | 2 | 3 |
| 5 | Do you drink or take drugs in a particular way in order to increase the effect it gives you? | 0 | 1 | 2 | 3 |
| 6 | Do you drink or take drugs morning, afternoon and evening? | 0 | 1 | 2 | 3 |
| 7 | Do you feel you have to carry on drinking or taking drugs once you have started? | 0 | 1 | 2 | 3 |
| 8 | Is it getting the effect you want more important than the particular drink or drug you use? | 0 | 1 | 2 | 3 |
| 9 | Do you want to take more drink or drugs when the effect starts to wear off? | 0 | 1 | 2 | 3 |
| 10 | Do you find it difficult to cope with life without drink or drugs? | 0 | 1 | 2 | 3 |