



Leeds Dependence Questionnaire (LDQ)

Instructions:

In answering this questionnaire, think about the last week, your main substance or substance groups, and select the answer that's most appropriate to you.

		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

Developer Reference:

Raistrick, D., Bradshaw, J., Tober, G., Weiner, J., Allison, J., & Healey, C. (1994). Development of the Leeds Dependence Questionnaire (LDQ): a questionnaire to measure alcohol and opiate dependence in the context of a treatment evaluation package. *Addiction*, 89(5), 563–572.

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